Kids' CLUB DE LA CABOCHE
- ESF MEGÈVE -

Registration and Liaison Form 2026/2027

Children from 3 years old to 5 years and 11 months - pioupiou@megeve-ski.com

Any false declaration regarding the actual age or cleanliness will result in automatic cancellation. This form avoids to provide the health book.

Ski initiation guaranteed from 6 enrolled children, otherwise fun activities offered (Sledging, walk…)

Child's Full Name: _____

Date of birth: __/__/____

Stay at the Club from: _____ / _____ / _____ to _____ / _____ / _____

Formula chosen: ☐ Morning ☐ Morning + Meal ☐ Full Day + Meal ☐ Afternoon

I - VACCINATIONS - Please attach a copy of the vaccination pages from the health record (Legal requirement)

Mandatory vaccinations	yes	no	Vaccinations	yes	no
DTap	☐	☐	MMR	☐	☐
Hep A	☐	☐	Pneunococcal	☐	☐
Hep B	☐	☐	Rotavirus	☐	☐
HIB	☐	☐	Varicella	☐	☐
Influenza	☐	☐	Other to be specified :		
IPV	☐	☐			

II - MEDICAL INFORMATION

Medical information: Does the child need to follow medical treatment during the stay? ☐ Yes ☐ No

Please note: no medication can be administered without prescription, original box with leaflet and marked with child's name

Allergies: Drugs ☐ yes ☐ no Asthma ☐ yes ☐ no Food ☐ yes ☐ no Other ☐ yes ☐ no

Specify cause of allergy and procedure to follow:

Please indicate health difficulties (illness, accident, seizures, hospitalization, surgery, rehabilitation or wearing glasses) specifying dates and precautions to be taken:

III - LEGAL GUARDIAN OF THE CHILD

Last Name First Name:

Mobile: Emergency No.:

Email:

Attending doctor name and phone (optional)

OTHER PERSONS AUTHORIZED TO PICK UP THE CHILD AND MOBILE No. (ID required)

1…….. Relationship to child: ……

2…… Relationship to child: ……..

IV - AUTHORIZATIONS

☐ I, the undersigned Legal guardian of the child, declare that the information provided on this form is accurate and authorize the person in charge of the stay to take, if necessary, all measures (medical treatment, hospitalization, surgery) required by the child's condition and undertake in case of health problems (fever, vomiting, diarrhea…) to come and pick him/her up as soon as possible.

☐ I attach proof of my child's age and a copy of the vaccination record

☐ For formulas with lunch, I authorize the Club to serve meals provided and prepared by 'Le Repère'

☐ I authorize the Club to use photos or films for all its communication media without requesting financial or other compensation.

☐ I authorize face painting as part of an activity

Statement "Read and approved" + Signature + Date : _____ __/__/____

OPENING TIMES

Opening : From Monday to Sunday 9.30am to 5.pm out French holidays 4.30pm

Reception closing 12.30 to 2.00pm

Flexible reception : morning/morning + meal/Full day Between 9.30 to 10.00/afternoon → 2.00 to 2.30pm

RECOMMENDATIONS

The Club does NOT provide: skis, shoes, mandatory helmet → imperative hiring and from the first day at the Club

• Lockers: reserved for formulas with lunch

• Spare clothes to provide: socks/tights + underpants + outfit depending on the weather (snow/rain) and minor issues. Remember to tag your children's belongings

• Recommended: comforter or comfort item, sunscreen.

Strongly recommended insurance – Cancellation referred to the CGV Esf Megève