

ON THE EDGE ROCK CLIMBING GYM SUMMER ADVENTURE CAMP 2010

Please fill out **all** information below. Payment is required in advance to reserve the desired date. On the Edge reserves the right to cancel any session due to low attendance.

CAMPERS INFORMATION	
Name:	Age:
Address:	
City, State, Zip:	

PARENT INFORMATION
Name:
Phone:
Cell Phone/Work Phone:
E-mail:

<u>Session Dates (CHECK / CIRCLE):</u> <ul style="list-style-type: none"> <input type="radio"/> May 24th - 28th <input type="radio"/> June 7th - 11th <input type="radio"/> June 14th - 18th <input type="radio"/> June 28th - July 2nd <input type="radio"/> July 12th - 16th <input type="radio"/> July 19th - 23rd <input type="radio"/> July 26th - 30th <input type="radio"/> August 2nd - 6th 	DEPOSIT DATE: _____ PAYMENT AMOUNT: _____ Current Release of Liability Form? ___ Yes ___ No
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Have you ever climbed before? If so, where?	
Why do you want to attend climbing camp?	
What do you expect to learn?	
Are you prepared to work in a team to achieve the goals of the camp?	
Do you have any allergies?	
Do you have asthma?	
Do you have any medical conditions we should know about?	
Do you take any medications?	