

**ON THE EDGE ROCK CLIMBING GYM
YOUTH CLIMBING LEAGUE**

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

CLIMBER'S INFORMATION	
Name:	Age:
Address:	
City, State, Zip:	

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

<u>Please Indicate What Session(s) You Will Be Attending:</u>	
Session Date: _____	Time: _____ Day: _____
Category: (please circle one)	{ GROUP 1 – AGE 7-11 } OR { GROUP 2 – AGE 12-15 }
Payment: _____	
Current Release of Liability Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you have any allergies?	
Do you have asthma?	
Do you have any medical conditions we should know about?	
Do you take any medications?	