

ON THE EDGE ROCK CLIMBING GYM SUMMER ADVENTURE CAMP REGISTRATION

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:	
DEPOSIT DATE: _____	PAYMENT AMOUNT: _____
SESSION DATES: _____	Current Release of Liability Form? <input type="checkbox"/> Yes <input type="checkbox"/> No

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?	