

**ON THE EDGE ROCK CLIMBING GYM
ROCK AND ROBOTS CAMP 2009**

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:</u> June 22nd - June 26th July 27th - July 31st	<u>Please Indicate What Session(s) You Will Be Attending:</u> Date: _____ Payment: _____ 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?	