

ON THE EDGE ROCK CLIMBING GYM SUMMER ADVENTURE CAMP 2011

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 23rd - 27th <input type="radio"/> May 30th - June 3rd <input type="radio"/> June 13th - 17th <input type="radio"/> June 20th - 24th <input type="radio"/> June 27th - July 1st <input type="radio"/> July 11th - 15th <input type="radio"/> July 18th - 22nd <input type="radio"/> July 25th - 29th <input type="radio"/> August 1st - 5th 	DEPOSIT DATE: _____ PAYMENT AMOUNT: _____ Current Release of Liability Form? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	