

**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:	

Please Indicate What Session(s) You Will Be Attending:	
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?	