



GRIPSTONE CAMPZ REGISTRATION

Please fill out **all** information below. Payment is required in advance to reserve the desired date

GRIPSTONE CLIMBING reserves the right to cancel any session due to low attendance. (All fees refunded)

CAMPERS INFORMATION

Name:	Age:
Address:	
City, State, Zip:	

PARENT INFORMATION

Name:
Phone:
Emergency Contact Phone:
E-mail:
DEPOSIT DATE: _____ PAYMENT AMOUNT _____
Current Release of Liability Form? <input type="checkbox"/> Yes <input type="checkbox"/> No
SESSION DATES: _____

Have you ever climbed before? If so, where?
Why do you want to attend climbing camp?
What do you expect to learn?
Do you have any allergies?
Do you have asthma?
Do you have any medical/behavioral conditions we should know about?
Do you take any medications?