



VERTICAL HOLD ADVENTURE OUTINGS

REGISTRATION FORM

NAME OF OUTING: _____

DATE: _____

Participants Name: _____

Home Address: _____

E-mail address: _____

Phone: Day (_____) _____ Evening (____) _____

Date of Birth: _____ Age: _____ Sex: _____ Height & weight: _____

Emergency Contact Name: _____

Emergency Contact Day & Evening Phone: _____

Physician's Name: _____ **Phone:** _____

Your Medical Insurance Co. & Policy #: _____

Do you have any medical conditions?(if so, describe) _____

Are you allergic to bee stings? _____

Are you taking any prescription or non-prescription medication? _____

If so, please explain: _____

Describe your fitness level: _____

Describe your physical conditioning program: _____

Do you wish to rent rock climbing shoes? (\$5 per day) _____ Shoe size: _____

Do you wish to rent a harness? (\$5 per day) _____ Note: shoes & harness = \$6 a day

Previous rock climbing experience: _____

How did you hear about us? _____

Cancellation Policy: Your reservation is secured by paying in full. You may cancel your dates for a refund, minus a \$25 cancellation fee, more than 10 days in advance of your course. If you cancel within the 10 days prior to your course, you forfeit your monies. You may change course dates with a written 10 day notice. Those who do not show for the course will not receive a refund. If we need to cancel your course for any reason, we will give you a full refund.

Please sign below

The information I have provided on this form is true and accurate to the best of my knowledge. I have read the deposit and cancellation policy, understand it and agree to its terms.

Participant signature: _____ Date: _____

We often use photographic images from our trips in slide shows, brochures and other advertising. Please sign here if you agree that we can use photos of you from your VH trip in this manner.

Signature: _____ Date: _____