

SMITH ROCK CLIMBING CAMP APPLICATION FOR ADMISSION

CAMP DATES: \_\_\_\_\_

CAMPER INFORMATION:

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE: \_\_\_ FEMALE: \_\_\_ PRONOUNS \_\_\_\_\_

PRIMARY EMAIL ADDRESS: \_\_\_\_\_

LIST ANY MEDICAL CONDITIONS, ALLERGIES, RECENT SURGERIES OR PRESCRIBED MEDICATIONS WHICH MAY REQUIRE ATTENTION DURING YOUR CAMP SESSION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE YOUR EXPERIENCES ROCK CLIMBING: (UPDATE WHERE APPLICABLE IF YOU ATTENDED PAST CAMP/S)

LESS THAN A YEAR: \_\_\_\_\_ 1-3 YEARS: \_\_\_\_\_ 3-5 YEARS: \_\_\_\_\_

WHAT LEVEL DO YOU TOPROPE? OUTSIDE: \_\_\_\_\_ GYM: \_\_\_\_\_

WHAT LEVEL DO YOU LEAD? OUTSIDE \_\_\_\_\_ GYM: \_\_\_\_\_

PARENT INFORMATION:

NAME PARENT I: \_\_\_\_\_

NAME PARENT II: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK (Parent I) \_\_\_\_\_

WORK (Parent II) \_\_\_\_\_

PARENT I CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT II CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

IF PARENTS DO NOT LIVE TOGETHER, PLEASE INCLUDE OTHER PARENT'S INFORMATION:

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_

PLEASE CHECK TO INDICATE CAMPER'S RESIDENCE:

WITH PARENT I: \_\_\_\_\_ WITH PARENT II: \_\_\_\_\_ WITH BOTH: \_\_\_\_\_

PARENT'S AUTHORIZATION:

The person herein described has permission to engage in all camp activities, except as noted by me. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the camp to transport and to the physician selected by the camp director to hospitalize, secure his or her recommended treatment for, and to order injection, anesthesia or surgery for my child as named in this application. Adequate health insurance is provided by me. Permission granted by signing this application.

INSURANCE CO.: \_\_\_\_\_ POLICY #: \_\_\_\_\_  
PRIMARY PHYSICIAN: \_\_\_\_\_  
PHONE NO: \_\_\_\_\_

EMERGENCY CONTACT, OTHER THAN PARENT OR LEGAL GUARDIAN:

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_  
CELL \_\_\_\_\_ EMAIL \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

CAMP FEES:

**AMOUNT OF DEPOSIT REQUIRED TO RESERVE A SPACE IS \$800 PER CAMPER.**

**CAMP TUITION IS \$2000** WHICH INCLUDES ALL FOOD, EQUIPMENT, GUIDES, INSTRUCTION, CAMPING AND LOCAL GROUND TRANSPORTATION.

-THE BALANCE DUE MUST BE PAYABLE BY SIX WEEKS PRIOR TO START DATE. IF TOTAL BALANCE IS NOT PAID SIX WEEKS PRIOR, THE CAMPER WILL BE REMOVED FROM THE ATTENDING CAMP LIST AND YOU WILL FORFEIT YOUR DEPOSIT.

**PLEASE READ THE FOLLOWING CAREFULLY. YOUR SIGNATURE ON THIS APPLICATION ACKNOWLEDGES YOUR ACCEPTANCE:**

CAMP EXPENSES ARE FIXED IN ADVANCE, BASED UPON A DEFINITE NUMBER OF CAMPERS, THEREFORE THERE ARE NO REBATES OR DEDUCTIONS FROM THE FEE FOR ENTERING LATE OR LEAVING EARLY.

SHOULD YOU HAVE TO CANCEL YOUR RESERVATION PRIOR TO 90 DAYS OF START DATE THERE WILL BE A REFUND TO YOU, WHICH IS THE DEPOSIT AMOUNT MINUS \$50 ADMINISTRATIVE COSTS.

THE CAMP WILL REFUND 50% OF TOTAL IF CANCELLATION NOTICE IS GIVEN AFTER 60 DAYS PRIOR TO RESERVED CAMP START DATE. NO REFUND WILL BE

MADE IF CANCELLATION IS MADE WITHIN 60 DAYS OF CAMP START DATE. NO EXCEPTIONS.

RESERVATIONS CANNOT BE MADE UNTIL THE APPLICATION FORM HAS BEEN COMPLETED AND AN ADVANCE DEPOSIT HAS BEEN RECEIVED.

POLICIES:

CHOCKSTONE WILL PROVIDE EVERY REASONABLE SAFEGUARD FOR THE HEALTH AND WELFARE OF EACH CAMPER, BUT WILL NOT BE RESPONSIBLE FOR ACCIDENTS, SICKNESS OR LOST ARTICLES.

IN CASES OF ILLNESS OR INJURY, PARENTS WILL BE NOTIFIED AS SOON AS POSSIBLE. THEIR WISHES WILL BE CARRIED OUT AS FULLY AS IS PRACTICABLE. ALL EXPENSES INCURRED WILL BE BORNE BY THE PARENTS.

THE RELEASE OF CAMPERS TO PERSONS OTHER THAN THE PARENTS OR LEGAL GUARDIAN IS NOT ALLOWED WITHOUT WRITTEN CONSENT.

IN SIGNING THIS APPLICATION, THE PARENT OR GUARDIAN CONSENTS TO THE USE OF ANY PICTURES OF CAMPER TO BE USED FOR ADVERTISING OR PROMOTION.

IN SIGNING THIS APPLICATION, THE PARENT OR GUARDIAN CERTIFIES THAT THE CAMPER IS IN GOOD HEALTH, HAS NO DISTRACTING TENDENCIES AND WOULD MAKE A DESIRABLE COMPANION FOR OTHER CAMPERS.

PAYMENT BY CHECK PREFERRED:

ENCLOSED IS A CHECK FOR \_\_\_\_\_ AS DEPOSIT. PLEASE MAKE CHECK PAYABLE TO FIRST ASCENT/CHOCKSTONE CLIMBING GUIDES.

OR:

CHARGE \_\_\_\_\_ TO VISA OR MASTERCARD:

ACCOUNT # \_\_\_\_\_ EXP. \_\_\_\_\_ CVC# \_\_\_\_\_

SIGNATURE TO AUTHORIZE CHARGE: \_\_\_\_\_

I HAVE READ AND AGREED TO THE TERMS AS STATED ON THIS APPLICATION:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_