

SMITH ROCK CLIMBING CAMP APPLICATION FOR ADMISSION

CAMPER INFORMATION:

NAME: _____
AGE: _____ DATE OF BIRTH: _____ MALE: _____ FEMALE: _____
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: (NOT NECESSARY IF YOU
ATTENDED LAST YEAR'S CAMP)

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: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE _____
WORK (MOM) _____
WORK (DAD) _____
MOM'S:
CELL _____ EMAIL _____
DAD'S:
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 MOM: _____ WITH DAD: _____ 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 #: _____

PERSONAL PHYSICIAN: _____

PHONE NO.: _____

EMERGENCY CONTACT, OTHER THAN PARENT OR LEGAL GUARDIAN:

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE _____ WORK _____

CELL _____ EMAIL _____

RELATIONSHIP: _____

CAMP FEES:

CAMP FEE IS \$2,300 WHICH INCLUDES ALL FOOD, EQUIPMENT, GUIDES, INSTRUCTION, CAMPING AND LOCAL GROUND TRANSPORTATION. THE BALANCE DUE WILL BE PAYABLE BY JUNE 1, 2009. YOU WILL RECEIVE AN INVOICE IN THE MAIL. IF THE BALANCE IS NOT PAID BY JUNE 1, 2009, THE CAMPER WILL BE REMOVED FROM THE ATTENDING CAMP LIST AND YOU WILL FORFEIT YOUR DEPOSIT. THE AMOUNT OF DEPOSIT REQUIRED TO RESERVE A SPACE IS \$800 FOR THE TWO WEEK CAMP AND \$1,500 FOR THE FOUR WEEK CAMP.

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 BEFORE MARCH 1ST, 2009, THERE WILL A REFUND OF \$700 TO YOU, WHICH IS THE DEPOSIT LESS ADMINSTRATIVE COSTS.

THE CAMP WILL REFUND 50% OF YOUR DEPOSIT FOR CHANGE OF PLANS IF NOTICE IS GIVEN TO THE DIRECTOR OF THE CAMP BY MARCH 1, 2009. NO REFUND WILL BE MADE AFTER THIS DATE. NO EXCEPTIONS.

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

POLICIES:

FIRST ASCENT 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 A FULLY AS 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 ABNORMAL TENDENCIES AND WOULD MAKE A DESIRABLE COMPANION FOR OTHER CAMPERS.

ENCLOSED IS A CHECK FOR _____ AS DEPOSIT. PLEASE MAKE CHECK PAYABLE TO FIRST ASCENT CLIMBING SERVICES, INC.

PLEASE CHARGE DEPOSIT TO VISA OR MASTERCARD:

ACCOUNT # _____ EXP. _____

SIGNATURE TO AUTHORIZE CHARGE: _____

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

SIGNATURE: _____

DATE: _____