

2009 Climbmax Summer Camp Registration



&



CLIMBER'S NAME _____

Address: _____

City _____ State: _____

Zip: _____ PHONE: (____) _____

Climber's date of birth is _____ and current age is: _____ **Male / Female**

Parents' Names

1.) _____ 2.) _____

Address _____

1.)Tel: _____ Cell: _____ 2.)Tel: _____ Cell: _____

Email: _____ Email: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY: _____

PHONE #'S : _____

I am registering my child for:
 June 22 - 26 (youth 8yr - 12yr)
Payment INFO

I am registering my child for:
 July 6 -10 (teen 13yr - 18)yr

A %50 deposit is required to hold a place for either session. Remainder balances must be paid ahead of time or by the first day of camp. Please indicate which program below.

June 22 - 26 (youth 8yr - 12yr)
circle one: 50 % \$180 100% \$375.00

July 7 -11 (teen 12yr - 18)yr
circle one: 50 % \$330 100% \$ 675.00

Payment method:

Check Cash Credit Card: MC DISC VISA

Card # _____ Exp Date _____ BILLING ZIP: _____

**** ALL PARTICIPANTS MUST SIGN A WAIVER. PARENTS WILL SIGN FOR PERSONS UNDER 18yrs.**

Transportation will be provided to climbing sites: You are welcome to drive your child and we will provide directions to meet us. By signing below I, _____ acknowledge that driving has inherent risks, and I on behalf of myself, my heirs, legal representatives, and assigns hereby voluntarily release and covenant not to sue Climbmax, Inc., its officers, agents, employees, owners, successors and assigns, from any cause of action, claim or demand of any nature whatsoever which relate to or arise out of transportation, driving, or vehicle performance., including but not limited to the negligence of Climbmax, Inc., its officers, agents, employees or owners. I also agree to indemnify and hold harmless Climbmax, Inc.. its officers, employees, owners and agents from any and all causes of action, demands, losses or costs (including attorney's fees) of any nature which arise out of transportation provided by Climbmax.

PARENT SIGNATURE _____ **DATE:** _____