



Warriors Rock Climbing Event: August 2-4, 2019

Apply online: www.warriorsrockclimb.com

Mail to: 4875 W. Athens Ct., Eagle, ID 83616

(208) 731-7646

diana@warriorsrockclimb.com

Registration Information Form

Personal Information

Name _____ Age _____ Sex _____

Address _____ Phone _____

City _____ State _____ Zip _____

Branch of Military _____ Active _____ Inactive _____ Retired _____

Email address _____

OUTING INFORMATION

Briefly describe prior climbing experience

Dietary restrictions

Equipment will be provided if needed: Please check what you will need:

- Harness: Pant Size _____ Height _____ Weight _____
- Shoes: Size _____
- Climbing Helmet
- Belay device

How many people in your immediate family will be attending? _____

Do you have your own camping equipment _____ Yes _____ No

HEALTH

List current sports and outdoor activities:

Physical condition (select one): Excellent Good Fair Out of shape

Health concerns:

Allergies (penicillin, bee stings, food, etc.):

Medications:

Do you have any disability that will need to be accommodated for? _____ Yes _____ No

Explain _____



EMERGENCY CONTACT

Name _____ Phone _____

Address _____

Cancellation

This event will be sponsored in full by a community of people who care about Veterans, we ask if you are unable to attend this event after signing up that you contact us at least two weeks in advance so that another Veteran can take your place.

Veteran's Signature _____ Date _____



Please fill out for each additional family member who wishes to climb.

OUTING INFORMATION (For additional family members)

Name _____ Age _____ Sex _____

Address _____ Phone _____

City _____ State _____ Zip _____

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