



**Warriors Rock Climbing Event: July 31 - August 2**

Apply online: [www.warriorsrockclimb.com](http://www.warriorsrockclimb.com)

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

(208) 731-7646

[diana@warriorsrockclimb.com](mailto:diana@warriorsrockclimb.com)

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**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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