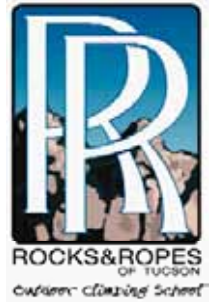


# Rocks and Ropes of Tucson

## Outdoor Climbing School and Guide Service



### REGISTRATION FORM

Name \_\_\_\_\_ age \_\_\_\_\_

address \_\_\_\_\_ City \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

home phone ( \_\_\_\_\_ ) \_\_\_\_\_ bus. phone ( \_\_\_\_\_ ) \_\_\_\_\_ e.mail \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_

phone ( \_\_\_\_\_ ) \_\_\_\_\_ relationship \_\_\_\_\_

#### MEDICAL History

We ask that you let us know of any physical problems you may have that could make your participation hazardous to you or other participants in the activity. Please describe any potential medical problems you may have. Problems such as dizzy spells, fainting, heart condition, seizures, severe allergic reactions, incompletely healed injuries, and any problem that could temporarily incapacitate you. All information is confidential and will not be released.

Describe if currently under a doctors care or any current medications: \_\_\_\_\_

List all known allergies to plants, insects or medications: \_\_\_\_\_

How did you find out about **Rocks and Ropes Outdoor Climbing School and Guide Service**? \_\_\_\_\_

Climbing activity    Top-Roping    Multi-Pitch    Gym2Crag course    instructional

Dates desired: \_\_\_\_\_

# of participants: \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_ Deposit    Full payment    Shoe size(s) \_\_\_\_\_

credit card # \_\_\_\_\_ exp. date \_\_\_\_\_ CCV code: (3 digits) \_\_\_\_\_

#### Reservations and Deposits

All climbing activities provided by **Rock and Ropes Outdoor Climbing School and Guide Service** must be booked in advance and are subject to availability. Complete and mail the enclosed registration form with a deposit of \$75/person to reserve your space. We will promptly confirm your reservation and supply information about the climbing activity, personal items, and meeting time and place. The balance of the fee is due prior to the climbing activity.

#### Cancellation and Refunds

Cancellations or re-scheduling must be done by 12N, 5 days prior to the excursion date. Any changes made within 5 days of excursion date will result in forfeiture of deposit.

**I have read and accepted the terms of the above Cancellation Policy.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18 years of age, Parent or Legal Guardian must sign below.

Signature \_\_\_\_\_ Date \_\_\_\_\_