

Rocks and Ropes of Tucson
Guide Service



REGISTRATION FORM

Name _____ age _____

address _____ City _____ state _____ zip _____

home phone () _____ alt. 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 group trip

Dates desired: _____

of participants: _____

Amount enclosed \$ _____ Deposit Full payment shoe size(s) _____

credit card # _____ exp. date: _____ billing zip code: _____

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

\$50 deposit per person is non-refundable.

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

Signature: _____ Date _____

if user is under 18 years of age, parent must sign below

Signature _____ Date _____