

## Vertical Dreams Climbing Camp. REGISTRATION FORM

(Please Print)

Today's date:

### STUDENT AND PARENT INFORMATION

Parents Name:	Students Name:	Age:
Address:	Phone Numbers	
	Cell Phone:	
	Home Phone:	
	Work Phone:	

Male    Female   Email Address: (Will not be shared with anyone.)

### SESSIONS

Make checks payable to Vertical Dreams Inc. or Please call to pay by credit card over the phone.

Session 1	2 Days	July 11th and July 13 <sup>th</sup>	\$70.00	
Session 2	2 Days	July 18 <sup>th</sup> and July 20 <sup>th</sup>	\$70.00	
Session 3	2 Days	July 25 <sup>th</sup> and July 27 <sup>st</sup>	\$70.00	
Session 4	2 Days	August 1st and August 3 <sup>rd</sup>	\$70.00	
Session 5	2 Days	August 8th and August 10 <sup>th</sup>	\$70.00	
Session 6	2 Days	August 15 <sup>th</sup> and August 17 <sup>th</sup>	\$70.00	
7	2 Days	August 22 <sup>nd</sup> and August 24 <sup>th</sup>	\$70.00	
Sessions you are registering for.	Please Circle – 1   2   3   4   5   6   7			\$

**\*Please call or email to reserve a spot before you send in this registration form. Space is limited.**

Vertical Dreams Nashua Phone: 603-943-7571

Email: [coreyh@verticaldreams.com](mailto:coreyh@verticaldreams.com)

### MEDICAL INFORMATION

**Does your child have any pre-existing medical conditions.**

**YES      NO**

Please list any medical conditions that we should know about such as allergies, recent surgeries, conditions that require medications, circulatory or respiratory conditions or any other conditions that your child may have.

Please explain: \_\_\_\_\_  
\_\_\_\_\_