

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	5 Days	July 29th - Aug 2nd	\$255	
Session 2	5 Days	August 5th - August 9th	\$255	

Sessions you are registering for.

Please Circle – 1 2

\$

***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

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: _____