

Rock Dimensions, Inc. Kids' Adventure Camp 2009

The following Summer Camp registration form is to be completed in conjunction with Rock Dimensions' general medical/registration form and liability agreement. Please complete all three forms and return to Rock Dimensions along with a 50% deposit. Mailing address:

Rock Dimensions
131-B S. Depot St.
Boone, NC 28607

Name of participant: _____ Age: _____

Climbing experience (no experience necessary!): _____

Please check which week you plan to attend:

_____ June 22 - 26 July 20 - 24 _____

If not attending the whole week, list specific dates: _____

Cost: \$500 full week, \$300 for half-week (first 3 days or last 3 days). Call for other options.
Includes RD t-shirt.

Amount enclosed: \$ _____

****Additional parent/guardian contact information:***

Cell phones: _____

Local phone numbers (if not on the medical/registration form):

E-mail address: _____

Any other information:

Authorization to Use Photographs

I agree to release any images of me/my child captured by means of photography while I am a participant with Rock Dimensions. Rock Dimensions may use the above mentioned, without limitation, in connection with any brochure, publicity, marketing, or educational materials. I release Rock Dimensions from any claims whatsoever that arise in said regard.

Participant signature _____ Parent/Guardian signature _____