

Rock Dimensions, Inc. Teen Climbing Camp 2010

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 28 – July 2 _____ July 12-16 _____ July 26 - July 30

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

Cost: \$575 full camp, \$325 for half-week (first 3 days). 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 _____