

Chockstone Climbing Guides LLC
Smith Rock, Oregon

PARTICIPANT REGISTRATION / GROUP PROGRAMS One per person

NAME:

AGE: SEX:

ADDRESS: STREET/CITY/STATE/ZIP

HOME PHONE:

WORK PHONE:

CELL:

E-MAIL:

ANY SPECIAL MEDICAL CONDITIONS? (If "yes", give details)

ALLERGIES TO MEDICINES/FOOD? (If "yes",
explain)

DO YOU CARY MEDICAL INSURANCE? (If "yes", name of provider)

EMERGENCY CONTACT:

PHONE:

RELATIONSHIP:

SIGNATURE: _____Int: _____

Signature of parent or guardian if participant is under the age
of 18