



ARE YOU READY FOR CLIMBING CAMP?

REGISTRATION INFORMATION...

- If you completed an on-line registration, then you will receive a confirmation via e-mail. However, we still need the following forms completed. You may mail these in or send them with the camper on the FIRST DAY of camp.
- If you have not registered on-line then fill out the appropriate forms and send them in with a \$50 deposit per session or full payment. If you include your e-mail then confirmation will be sent via e-mail (recommended). Otherwise, it will be sent snail mail.
- Even if you have been to the gym multiple times, we need both forms completed so that we have the most up to date information at the time of the program.

BASIC CAMPERS

- ☺ Parents should accompany their child on the first day of camp to insure paperwork is complete.
- ☺ All campers should be dropped off and picked up at the scheduled time. Please call if you are going to be late.
- ☺ Campers should wear comfortable clothing that is easy to move around in. Although climbing shoes will be used at times, footwear must consist of socks and close-toed shoes – **NO SANDALS PLEASE!**
- ☺ Half-day camps are encouraged to bring a water bottle and snack. Those in FULL DAY CAMPS MUST bring a lunch.
- ☺ Electronic devices such as iPod, handheld games and others are prohibited. Disposable cameras are recommended for picture taking.

ADVANCED CAMPERS

The following items should be packed in a small backpack for your outdoor excursions:

- ☺ Sun protection (i.e. sun screen, hat, sunglasses)
- ☺ Lunch and snacks
- ☺ A pair of long pants
- ☺ Rain jacket or poncho
- ☺ 2 water bottles
- ☺ Bathing Suit and towel
- ☺ Supplemental forms may be needed

CAMPER REGISTRATION FORM

Please check the session(s) you wish to attend.	BASIC CAMP - <input type="checkbox"/> <i>Half Day (9am-Noon)</i> <input type="checkbox"/> <i>Full Day (9am – 3pm)</i>				
	<input type="checkbox"/> 1 (June 20)	<input type="checkbox"/> 2 (June 27)	<input type="checkbox"/> 3 (July 5)	<input type="checkbox"/> 4 (July 11)	<input type="checkbox"/> 5 (July 18)
	<input type="checkbox"/> 6 (July 25)	<input type="checkbox"/> 7 (Aug 1)	<input type="checkbox"/> 8 (Aug 8)	<input type="checkbox"/> 9 (Aug 15)	<input type="checkbox"/> 10 (Aug 22)
	ADVANCED - <input type="checkbox"/> 1 (June 27) <input type="checkbox"/> 2 (July 11) <input type="checkbox"/> 3 (July 25) <input type="checkbox"/> 4 (Aug 8) <input type="checkbox"/> 5 (Aug 22)				

Name	Birth Date
Address	
City	State Zip
Phone	Emergency Contact
E-mail	Phone

- Does your child have any allergies or medical problems or behavior challenges? YES NO
If YES, explain _____

- Is your child currently on any medications? YES NO
If YES, explain _____

- In case of a medical emergency and in the event that I and/or my emergency contact are unable to be reached, I hereby give permission to the Doylestown Rock Gym (a.k.a. The Adventure Center Inc.) to secure medical treatment for my child. _____ *Initial*

- I understand that climbing can be a dangerous activity and, in an effort to minimize risk, the staff at the Doylestown Rock Gym will expect all campers to follow the rules. I am aware that if my child is unable to do so that he/she may be asked sit out. Furthermore, consistent defiance may result in he/she being asked to not return. _____ *Initial*

- I give my permission for any photograph(s) or video(s) of my child during the course of this program to be used by the Doylestown Rock Gym (a.k.a. The Adventure Center Inc.) in any promotional literature, brochure or website. _____ *Initial*

- **FIELD TRIPS ONLY**-I give my permission for my child to be transported by the Doylestown Rock Gym (a.k.a. The Adventure Center Inc.) in a rented vehicle during the course of the program. _____ *Initial*

- I understand that my \$50 deposit will only be refunded if I cancel my reservation 14 days prior to the camp's start. Furthermore, the balance remaining must be paid by or on the first day of camp or my child will not be accepted into camp. _____ *Initial*

Parent/Legal Guardian who is initialing _____ Date _____

OFFICE USE ONLY		
Amount Due _____	Amount Paid _____	Balance _____
Confirmation sent(mail-in only) _____	Staff _____	Date _____



DOYLESTOWN ROCK GYM

Office Use Only

The Adventure Center, Inc.
3853 Old Easton Rd, Doylestown PA 18901

Facility: 215-230-9085 Fax: 215-230-6920
www.doylestownrockgym.com

PLEASE PRINT CLEARLY & COMPLETE ALL INFORMATION

Today's Date

Participant's Name

Birth Date

Address

City

State

Zip

Phone

Emergency Contact

Phone

*OPTIONAL – E-mail sign-up

GYM SAFETY POLICIES

In consideration of being permitted to use the Facilities, I acknowledge that I have read and agree to abide by the Safety Policies listed below as well as those posted within the facility. I also recognize that it is my responsibility to review the Rules and Policies each time I utilize the facility due to changes and modifications that may be made.

1. No running or rowdy behavior.
2. Do not walk or climb under another climber.
3. Do not walk between the climber and the belayer.
4. Helmets are required for all participants unless Helmet Waiver is signed. Those wearing helmets must keep them on at all times while within the helmet zone (blue carpet area).
5. No one may climb above the 8 foot bouldering line unless on belay. Children may not let their head go above the line. Adults may not let their waist go above the line.
6. All participants using rope systems must pass a Doylestown Rock Gym/Adventure Center belay test prior to tying in or belaying a climber.
7. Climbers must immediately report all near accidents, accidents, incidents, hazards or equipment damage to a staff person.
8. Climbing and/or belaying under the influence of alcohol or drugs is prohibited.
9. The Doylestown Rock Gym/Adventure Center reserves the right to deny access to any individual, either temporarily or permanently, for breach of the above Safety Policies, for conduct deemed unsafe or inappropriate by a Gym staff member, or for blatant disrespect to the gym and its staff.

Participant Initials

*** TO BE SIGNED IF PARTICIPANT CHOOSES TO NOT WEAR A HELMET ***

HELMET WAIVER

*All users under the age of 10 must wear a helmet.

User is aware of the Safety Policy requiring the use of a protective helmet, which may prevent permanent brain damage or other serious injury in the event of an accident. Against the advice of the Gym, its Employees and its insurance carrier, User is refusing this critical safety precaution.

Participant's Signature

Parent/Guardian's Signature (if User is a minor)

↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ **OVER** ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓

RELEASE AND COVENANT NOT TO SUE: IMPORTANT NOTICE

THIS IS A LEGALLY BINDING, NON-ALTERABLE DOCUMENT. IF YOU DO NOT UNDERSTAND THIS DOCUMENT, LEGAL ADVICE SHOULD BE SOUGHT BEFORE CLIMBING. By signing this document, you are giving up your right to bring a Court action, now or anytime in the future, in order to recover compensation or obtain any other remedy for any injury to yourself or your property, including your death however caused, arising out of your use of the facilities of The Adventure Center, Inc.

ACKNOWLEDGEMENT OF RISKS

The undersigned individual ("User") acknowledges and agrees that the sport of rock climbing and the use of the facilities owned and/or maintained by The Adventure Center, Inc., A Pennsylvania corporation ("Gym") including without limitation its' climbing wall, cable course and other exercise, fitness and training facilities and equipment ("Facilities"), has inherent dangerous risks. User fully recognizes and appreciates the dangers inherent with climbing activities. User agrees that User is assuming the complete risk of harm since User desires to climb. User realizes that User is subject to injury from this activity and that no form of pre-planning and/or training can remove all of the dangers to which User is being exposed. User further represents and warrants to Gym that User has full knowledge of the nature and extent of all the risks associated with rock climbing and use of the facilities, including but not limited to:

1. All manner of injury resulting from falling off the climbing wall, falling off or swinging from cabled elements, hitting structural faces and projections, hitting the floor, rope abrasions, entanglement and other injuries resulting from activities on or near the climbing wall such as games, initiatives, low challenge course obstacles, climbing, belaying, rappelling, lowering on rope, rescue systems and any other rope techniques;
2. Injuries resulting from falling climbers or dropped items, such as, but not limited to ropes or climbing hardware;
3. Cuts and abrasions resulting from contact with the climbing wall, cables, other climbers, equipment and/or the facility in general;
4. Failure of ropes, slings, harnesses, climbing hardware, anchor points, cables and or/any other equipment utilized at the Gym whether or not supplied by the Gym.

User further acknowledges that the above list of risk factors is for illustration purposes only and is not an exclusive and/or exhaustive list. The above list in no way limits the absolute and comprehensive nature of this Release and Covenant Not to Sue. User may be injured in manners not listed above and User agrees that User, by the Release below, releases the Gym as stated in the Release below for any injury whatsoever.

RELEASE

In consideration of User's permission to use the facilities, User agrees that User shall release, remise and on behalf of User, User's heirs, personal representatives and assigns does hereby release, remise and forever discharge the Gym, its' officers, directors, shareholders, attorneys, contractors, consultants, assigns, affiliates, agencies, workmen and/or employees (collectively, "Employees") of and from any cause of action, claim, demand, right, damage, loss, expense and/or compensation of any nature whatsoever including but not limited to any claim of negligence, which User, User's heirs, personal representatives and assigns may now have, or in the future shall have against the Gym on account of personal injury, property damage, death or accident of any kind, the consequences thereof and the consequential damages therefore, arising out of or in any way related to User's use of the facilities, whether that use is supervised or unsupervised by the Gym or its' employees, regardless of how the injury or damage is caused, including, but not limited to, the negligence of the Gym and its' employees.

This release is a Pennsylvania contract and User consents to the jurisdiction and venue of Bucks County, Pennsylvania for any action relating to this Release, regardless of User's residence or domicile.

User represents and warrants to the Gym that User is of lawful age (18 years or older), or has an accompanying parent/guardian present to co-sign, and is otherwise legally competent to sign this Release. User further understands that the terms of this Release are legally binding and User certifies that User has signed this Release of User's own free will, after having carefully read and understood it.

IN WITNESS WHEREOF, User has executed this Release on the day of _____, 200__.

Signature of participant named on the front of this form _____.

IF USER IS A MINOR: If User is a minor, the User's parent and/or guardian must sign this consent. By signing this Release, the parent and/or guardian agrees that the parent and/or guardian has read this Release in full, understands the risks and hazards inherent in rock climbing and agrees that the minor and the parent/guardian shall comply with the terms and conditions set forth in the above Release.

Parent/Guardian Signature _____ Print Name _____