



**Chockstone Climbing Guides LLC/  
First Ascent Climbing Services  
Smith Rock, Oregon**

**PARTICIPANT REGISTRATION / GROUP PROGRAMS** One per person

GROUP NAME:	TRIP DATE:
PARTICIPANT NAME:	
AGE:	Gender/NB
ADDRESS: STREET/CITY/STATE/ZIP	
HOME PHONE:	
WORK PHONE:	
CELL:	
E-MAIL:	

<p>ANY SPECIAL MEDICAL CONDITIONS? (If "yes", give details) CURRENT OR PAST MEDICAL CONDITIONS RELATING TO ASTHMA, ANNAPHYLAXIS, DIABETES, HEART DISEASE, SEIZURES? If "yes" please provide details</p> <p>DO YOU HAVE ANY OTHER MEDICAL OR PHYSICAL CONDITION THAT MIGHT AFFECT YOUR ABILITY TO FULLY PARTICIPATE IN THE CLIMB OR COURSE WITHOUT BEING A DANGER TO YOURSELF OR OTHERS? (If "yes", give details)</p>
<p>ALLERGIES TO MEDICINES/FOOD? (If "yes", explain)</p>
<p>DO YOU CARY MEDICAL INSURANCE? (If "yes", name of provider)</p>
<p>EMERGENCY CONTACT: PHONE: RELATIONSHIP:</p>

PARTICIPANT SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

Name of parent/guardian (Print) \_\_\_\_\_

\*Signature and name of parent or guardian for participant under the age of 18