



CLIMB ON!

2017 Summer Camp

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CLIMB ON!

½ Day Summer Camp at Grand River Rocks

There are 4 separate camps July 17-22 --- 8:30am-12pm

July 17-22 --- 12:30-4pm

Aug 21-25 --- 8:30am-12pm

Aug 21-25 --- 12:30-4pm

Ages: 8-15

Price: \$130.00 plus applicable taxes

Get your climb on and experience absolute adventure with our action-packed climbing camp! Children will learn rock climbing technique through a series of games, challenges and exploration. Our super talented climbing leaders are dedicated to safety and fun, making sure your child has the summer of their lives! Friday celebratory pizza lunch included. Participants are asked to bring nut-free lunches for Monday-Thursday and snacks for Friday.

Harness rentals are included but shoe rentals are not, so please bring a pair of tight-fitting running shoes (rental shoes are \$5). Also, please bring a refillable water bottle. Participants are asked to wear comfortable clothing. No short shorts please!

Ages 13 and older will be taught how to belay.

Pickup & Drop-off: Grand River Rocks, 50 Borden Ave. S. Unit 1, Kitchener.

If someone not already listed on this form will be picking up a camp participant, please inform camp staff prior to pickup. Individuals picking up participants should be prepared to show photo identification.

Questions? Call us at 519.742.1389

Refunds are not provided. Extenuating circumstances (e.g. medical illness or injury) will be considered on an individual basis.

GRR HST Registration #: 832359715

PAYMENT AND REGISTRATION DONE AT GRAND RIVER ROCKS. PLEASE COMPLETE ONLINE WAIVER FOR PARTICIPANT AT www.grandriverrocks.com/waiver/.

50 Borden Ave. South, Unit 1
Kitchener, ON
N2G 3R5

www.grandriverrocks.com

info@grandriverrocks.com

519.742.1389



CLIMB ON! 2017 Summer Camp Registration Form

Please choose **ONE**:

JULY 17-22 8:30am-12pm

JULY 17-22 12:30-4pm

AUG 21-25 8:30am-12pm

AUG 21-25 12:30-4pm

Participant information (please print clearly):

First Name:	Last Name:	Gender: <input type="checkbox"/> male <input type="checkbox"/> female
Date of Birth: <i>day-month-year</i>	Contact Email Address: <i>(required)</i>	
Street Address:	City:	Postal Code:
Daytime Phone #: Evening Phone #:	Emergency Contact: Emergency Contact Phone #:	
Previous Climbing Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Conditions / Health Requirements / Allergies:	
Any additional information that we should be aware of?		

\$130.00	
GRR Staff Only: PAID: \$ _____	<input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash
Date received _____ Staff initials _____ Waiver checked _____ <i>Staple copy of receipt to form!</i>	

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