



# Seneca Rocks Mountain Guides & Trad Wall Climbing Center

## Registration Form

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Name \_\_\_\_\_ date \_\_\_\_\_

Address \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

Phone (daytime ) \_\_\_\_\_ (eve) \_\_\_\_\_

E-Mail address \_\_\_\_\_

Which course are you enrolling in? \_\_\_\_\_

How did you discover Seneca Rocks Mt. Guides? \_\_\_\_\_

Occupation \_\_\_\_\_

How long have you been climbing? \_\_\_\_\_

Do not write below this line—Proceed to next page—>

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### *Staff Notes —*

*Guides name* \_\_\_\_\_

*Briefly describe the clients abilities and experience* \_\_\_\_\_

*Routes climbed* \_\_\_\_\_

*Recommended Routes* \_\_\_\_\_

*Skills practiced (circle each) Auto Block – Ground anchors – Carabiner  
Brakes – Ascending – Belay escape – Munter Hitch*



Our activities can be strenuous and often offer exercise of a different nature than most participants are used to. We do not want you to engage in activities that could be detrimental to your health or which would be opposed by your doctor due to recent illness, injury or surgery. We ask you for the following information so we can be aware of potential problems and will be better able to help you to safely enjoy the activities.

**Medical and Emergency information**

Male/Female \_\_\_\_\_ Age \_\_\_\_\_

Have you ever had:

Yes No

\_\_\_\_\_ Allergies? If yes please list \_\_\_\_\_

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Epilepsy

\_\_\_\_\_ Asthma

\_\_\_\_\_ High Blood Pressure

\_\_\_\_\_ Are you Pregnant?

\_\_\_\_\_ Are you currently under a Doctors care?

If Yes, For what reason? \_\_\_\_\_

\_\_\_\_\_ Are you taking any medication?

\_\_\_\_\_ What Type? \_\_\_\_\_

\_\_\_\_\_ Are you allergic to insect bites or Bee stings?

\_\_\_\_\_ If so do you carry medication or an Epi Pen?

\_\_\_\_\_ Are there any limitations on your activities?

If so please explain: \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_

Relationship \_\_\_\_\_

Phone-daytime \_\_\_\_\_ Eve \_\_\_\_\_

Any additional information you think we should have? \_\_\_\_\_

Thank you for taking the time to fill out this form if you have any questions regarding this form or it's contents don't hesitate to ask!