

PARTICIPANT INFORMATION SHEET

Child's name: _____ Age: _____

1. Does your child have any previous climbing experience? If yes, where?
2. Is your child belay-certified at Gravity or any other climbing gyms?
3. Does your child have any allergies (food or otherwise)? If yes, which and how serious?
4. Does your child have any special needs or requirements in order to participate fully?
5. Is there anything else we should be aware of to better support your child?

Emergency Contact(s) Information:

Name: _____ Telephone: _____

Relationship: _____ Email: _____

Name: _____ Telephone: _____

Relationship: _____ Email: _____