



VERTICAL REALMS, LLC.

Mountain Skills & Adventures

Registration Information

Course: _____ Course Date: _____

Meeting Time and Place: _____

Client Name: _____

Address: _____
(apt.) and Street City State Zip Code

Home Phone: _____ Work or Cell Phone: _____

E-mail: _____ Date of Birth: _____ Sex: _____

Clients First Time Climbing or Skiing: Yes No

Climbing or Skiing History: _____

Are there any medical concerns we should be aware of? Do you take any medications regularly or have any allergies, etc.? Yes No. If yes, please describe. (All information will be confidential). _____

Do you have medical insurance? Yes No. If so, please name your Company or Provider: _____

Who to contact in case of emergency:

Name _____

Phone # _____

Signature: _____ Date: _____

(Our insurance company requires this information)