

Youth Programs Registration

Athlete Name:	DOB//	Shirt Size YS YM YL S M L			
Athlete Email:	Parent #2 Name				
Parent #1 Name:	Parent #2 Cell:				
Parent #1 Cell:	Email Address:				
Email Address:	Add. Email:				
Address:	City:	Zip Code:			
USA Climbing membership number (if applicable):					
Allergies/Medical Info:					

Note: Parent #1 will be the responsible party for all billing transactions. All participants must have a waiver on file in the gym.

Team Overlook Recreational Team

One day per week - \$150/Month - Saturday 10:30am - 12pm, Tuesdays or Thursdays - 5:30pm - 7:00pm

Two days per week - \$210/Month - Saturday 10:30am - 12pm, Tuesdays or Thursdays - 5:30pm - 7:00pm

Three days per week - \$240/Month - Sat 10:30am - 12pm, Tuesdays and Thursdays - 5:30pm - 7:00pm

Team Overlook Competitive Teams									
•	Ages 6-12 \$230/l s \$160/Month (1x		nday, Wed	nesday 5:3	0pm - 7:30)pm (2 times p	er week)		
Crushers - A	ges 6-12 \$270/N	/onth - Mon	day, Wedı	nesday and	l Thursday	5:30pm - 7:30j	pm		
Senders - Ages 12+ \$300/Month - Monday, Wednesday and Thursday - 5:00pm - 8:00pm									
E Schuchs Ages 121 \$500/Month Monduy, weakesduy and Hursduy 5.00pm 0.00pm									
		/	/						
Print Name—Parent/Guardian Date									
Thirt Name Tarent	/ Guardian	Date		Jighatai					
STAFF ONLY	RGP BILLING		ADDEI	D TO RGP		ADDED	то		
Initial once	SET UP			HGROUP		TEAM ROS	-		

complete