



Youth Programs Registration

Child Name:	DOB ____/____/____	Shirt Size YS YM YL S M L
Parent #1 Name:	Parent #2 Name	
Parent #1 Cell:	Parent #2 Cell:	
Email Address:	Email Address:	
Address:	City:	Zip Code:
Previous Climbing Experience:		
Allergies:		

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 - \$130/Month - Tuesdays or Thursdays - 5:30pm - 7:00pm
- Two days per week - \$190/Month - Tuesdays and Thursdays - 5:30pm - 7:00pm

Team Overlook Competitive Teams

- Crushers - Ages 6-12 \$230/Month - Monday and Wednesday 5:30pm - 7:30pm
- Senders - Ages 12+ \$260/Month - Monday, Wednesday and Thursday - 5:30pm - 8:30pm

Print Name—Parent/Guardian

____/____/____
Date

Signature—Parent/Guardian