



**VERTICAL HEARTLAND  
CLIMBING SCHOOL**

5050 Lick Creek Road, Buncombe, IL 62912 618-995-1427 www.verticalheartland.com

REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I am hiring Vertical Heartland for these date(s) \_\_\_\_\_ for (please circle one):

Top Rope Guiding Services

Basic Skills Instruction

Advanced Skills Instruction

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

1<sup>st</sup> Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am listing these medical conditions and/or allergies to plants or insects that could affect me while with Vertical Heartland Climbing School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case I would require emergent medical intervention for any reason, this is my pertinent medical history that Vertical Heartland should pass along to emergency medical personnel:

Drug Allergies: \_\_\_\_\_

Medicines taken: \_\_\_\_\_

\_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Legal Guardian, if participant is under 18:

\_\_\_\_\_

(printed)

(signed)