



Martin J. Chávez, Mayor
City of Albuquerque

City of Albuquerque Parks and Recreation Department Outdoor Recreation Section "Learn To" Climb Adventure Series Registration Form



Jay Hart, Director
Parks and Recreation Dept.

Requirements:

- Must be age 11 through 17 and able to hike one mile
- Must attend all three classes/trips in the series
- Complete / return registration form with \$30.00 (\$10.00 per class) check or money order payable to City of Albuquerque
- Bring your own: lunch, snacks, drinking water, day or book pack, sunscreen, jacket / sweatshirt or other outerwear appropriate for expected weather conditions and sturdy shoes for hiking
- Highly recommended optional equipment: rock climbing shoes (can be rented or bought from REI or bought from Stone Age Climbing Gym)
- Refund is available with 48 hours notice prior to event and paper work

Please -FILL OUT ALL FORMS COMPLETELY!
Return to:
1801 4th St NW, Bldg A

Class and Trip Dates & Times: Please check the series you will be attending

- _____ **Series 1:** **Monday, June 16th, 2008, 7:45 am– 6:00 pm:** Beginning Instruction
- Tuesday, June 17th, 2008, 7:45am – 4:00pm:** Tijeras Ranger Wall
- Wednesday, June 18th, 2008, 7:45am – 5:00pm:** Las Conchas, Jemez area

All trips meet at the Parks and Recreation Administration Building at 1801 4th St. NW. See Map to ODR HQ, in registration packet.



NOTICE: If you have a disability and require special assistance to participate in this event, contact Outdoor Recreation at least one week before the event, (505) 768-5328 (Voice/Relay)

PARTICIPANT INFORMATION (To be completed by participant / parent / guardian)

Name _____
First Middle Initial Last

Address _____
Street Apt. # City Zip Code

Home Phone _____ Cell Phone/Pager _____

E-Mail Address _____

Age _____ Birthdate _____ Male _____ Female _____

School _____ Grade _____

Lives with: Mother _____ Father _____ Guardian _____ Other (Specify) _____

OFFICIAL USE:
Payment for _____
Amount _____ (\$) or (Ck) Check number _____
Taken by _____

- _____ Health History
- _____ Sign Out
- _____ Medication
- _____ Photo Consent
- _____ Liability Waiver

