



Peak Potential Participant Application

www.peakclimb.org

973-868-8092

Sessions are held Mondays & Thursdays from 6:30pm – 7:30pm

Which day would you prefer Mondays Thursdays Either

We cannot guarantee your preferred day, but we will make every effort to accommodate you

Please complete the following. All information entered is considered confidential and will be treated as such

Participant Information

First Name / Last Name			Nickname		
Age / DOB / Gender			<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Weight	_____ lbs				
T-Shirt Size	Child Sizes <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL			Adult Sizes <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	
Have you climbed with Peak Potential before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any special language needs?			<input type="checkbox"/> Sign <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		

Contact Information (Parent or Guardian)

First Name / Last Name					
Address					
Address 2					
City					
State / Zip					
Email Address					
Phone Number					
How did you hear about Peak Potential?			<input type="checkbox"/> Friend/Family <input type="checkbox"/> Web <input type="checkbox"/> NJ Rock Gym <input type="checkbox"/> News Article <input type="checkbox"/> Other		
If Other please specify:					

Medical Information

Emergency Contact			Relation to participant		
Phone Number			Secondary Number		
Participant's Physician			Office Phone		

Please describe all of your child's medical problems and diagnoses including surgeries (attach additional pages if necessary):



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Medical Information (continued)			
Allergies			
Medications			
Has your child had seizures in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have any hip problems such as subluxation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child have any deficits in sensation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
My child uses	<input type="checkbox"/> Braces	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker
	<input type="checkbox"/> Manual Wheelchair (pushes self)	<input type="checkbox"/> Manual Wheelchair (pushed by others)	<input type="checkbox"/> Power Wheelchair
Communication	<input type="checkbox"/> Able to speak in complete sentence		
	<input type="checkbox"/> Able to sign in complete sentences		
	<input type="checkbox"/> Able to speak in single words		
	<input type="checkbox"/> Able to sign in single words		
	<input type="checkbox"/> Uses communication device		
<input type="checkbox"/> Not able to speak / sign / use communication device			

The support of a parent/guardian is very important during the initiation of a new experience and is vital to the structure of our program. Therefore, a parent or guardian is required to remain in the climbing room during the duration of the session. Participants will not be allowed to climb without a parent or guardian.

Please initial below to indicate your agreement with the following statements

	Please Initial
I agree to stay with my child for the duration of each session	X: _____
I understand that only the participant listed on this application will be allowed on any of the rock walls, and I accept all responsibility for any additional siblings or guests I may bring with me	X: _____

	Parent / Guardian Signature
The Information in this form is true and accurate to the best of my knowledge	X: _____

Please return completed applications to:

Peak Potential, Inc.
c/o NJ Rock Gym
373D Route 46W
Fairfield, NJ 07004
(973) 868-8092
participants@peakclimb.org