Peak Potential Participant Application

www.peakclimb.org
973-868-8092

Please select the Location and Day would you prefer	
	Fairfield: ☐ Mondays ☐Thursdays ☐ Either - 6:30pm - 7:30pm **Morganville:** ☐ Wednesdays - 6:00pm - 7:00pm **Princeton:** ☐ Fridays (seasonal) - 7:00pm - 8:00pm **Flemington:** ☐ Mondays - 6:30pm - 7:30pm
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			☐ Male	☐ Female
Weight	_____lbs			
T-Shirt Size	**Child Sizes** ☐ XS ☐ S ☐ M ☐ L ☐XL	**Adult Sizes** ☐ XS ☐ S ☐ M ☐ L ☐ XL		
Have you climbed with Peak Potential before?	☐ Yes ☐ No			
Do you have any special language needs?	☐ Sign ☐ Spanish ☐ Other: _____			

Contact Information (Parent or Guardian)			
First Name / Last Name			
Address			
Address 2			
City			
State / Zip			
Email Address			
Phone Number		Type	☐ Cell ☐ Home
How did you hear about Peak Potential?	☐ Friend/Family ☐ Web ☐ Rock Gym ☐ News Article ☐ Other		
If Other please specify:			

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

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

Medical Information (continued)			
Allergies			
Medications			
Has your child had seizures in the past year?	☐ Yes ☐ No		
Does your child have any hip problems such as subluxation?	☐ Yes ☐ No		
Does your child have any deficits in sensation?	☐ Yes ☐ No		
My child uses	☐ Braces	☐ Crutches	☐ Walker
	☐ Manual Wheelchair (pushes self)	☐ Manual Wheelchair (pushed by others)	☐ Power Wheelchair
Communication	☐ Able to speak in complete sentence ☐ Able to sign in complete sentences ☐ Able to speak in single words ☐ Able to sign in single words ☐ Uses communication device ☐ Not able to speak / sign / use communication device		
Other Information	Please describe any additional information that we should know about your child or any useful tips that you think will help us while working with him/her		

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Acknowledgements:

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 present.

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	Date
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

Our scheduling team will contact you once your application has been reviewed by our medical team.