

NAME: \_\_\_\_\_\_
DATE: \_\_\_\_\_
TIME:

- Fill out our **Youth AOR** of for each child attending\*
- Parents! If you're staying to hangout and watch, or climb\*\* yourself, you'll need a WAIVER 1 too!
  - Get ready to have a fun day of climbing with your friends at The Hive!

\*MUST BE COMPLETED BY PARENT OR GUARDIAN

\*\*DAILY DROP IN RATE APPLICABLE

