

NAME: ______
DATE: _____
TIME:

- Fill out our **Youth AOR** described 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 AND ALE APPLICABLE AND ALE APPLICABLE

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