

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

