

Camper Information

Applying as (check one): camper mentor

First name _____

Last name _____

Birth date ____/____/____ Age _____

Gender male female undisclosed

Address 1 _____

Address 2 _____

City _____ State _____ Zip Code _____

School attending _____

List years of ROPES camp previously attended _____

T-Shirt size _____

Parent Information

First name _____

Last name _____

Phone number _____

Primary email address _____

Alternate contact full name _____

Alternate contact phone number _____

Medical Information

Any allergies? _____ Any medications? _____

Dosage and time _____

Additional information _____

Signature _____ (Indicates agreement to our terms of service.)