

instructor/guide application form



climbingschool.com
arizona climbing and adventure school

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Fill out all applicable information.
Send to:
ACAS, P.O. Box 3094
Carefree, AZ 85377
or email to
director@azrockclimbing.com

Your Email Address _____

APPLICANT'S PERSONAL INFORMATION

Name _____

Permanent Address _____

City _____ State _____ Zip _____

Cell Phone No. _____ Work Phone No. _____

In Case of Emergency Contact _____ Phone No. _____

Age _____ Birthdate _____ Place of Birth _____

Height _____ Weight _____ Sex _____ Shoe Size _____ Waist Size _____

Physical Condition (Circle One) **Excellent** **Very good** **Good** **Could be better**

Physical Limitations/Allergies/Medication _____

What is your prior climbing history (List routes, ratings, also include climbing resume.) _____

List any National Outdoor Leadership School (NOLS), LNT, OBW or other wilderness school experience

High School Graduate _____ College or University Graduate/Major _____

First Aid Certification, CPR, WFR, EMT experience _____

Applicant's Signature _____ Date _____