

## COL Mountain School Apprentice Guide Course Registration Agreement

We realize that all of us are at different stages in our climb with Christ - the discipleship process, and that there are varying levels of understanding, commitment among all of Jesus' followers.

By initialing the following items and signing the completed application & waiver, you are stating your agreement to willingly submit to these guidelines while actively involved with the CLIMBERS WITH CHRIST COL MOUNTAIN SCHOOL APPRENTICE GUIDE COURSE.

Please read and consider carefully each of the following before initialing each. **Course details and Requirements** I have read the entire Course details and Requirements paperwork. \_\_\_\_\_ (Initials) Attendance, Course completion, Graduation & Certification I have read, understand, and am in agreement with the Course attendance, Course completion, Graduation & Certification requirements for my involvement in the apprentice guide course. \_\_\_\_\_ (Initials) Course curriculum & required reading I have read, understand, and agree to the Course curriculum & required reading as stated as a necessity in my enrollment in the apprentice guide course. \_\_\_\_\_(*Initials*) Weekly service projects I have read, understand, and agree to the Weekly service projects requirement for the duration of my involvement in the apprentice guide course. \_\_\_\_\_ (*Initials*) Property stewardship and Personal hygiene/maintenance I have read, understand, and agree adhere to the Property stewardship and Personal hygiene/maintenance for the duration of my involvement in the apprentice guide course. \_\_\_\_ (*Initials*) Weekly fellowship I have read, understand, and agree to my need to be involved in Weekly fellowship for the duration of my involvement in the apprentice guide course. \_\_\_\_\_ (*Initials*) **Ouiet times, electronic devices, music, and curfews** I have read, understand, and agree to adhere to the Quiet times, electronic devices, music, and curfews for the duration of my involvement in the apprentice guide course. \_\_\_\_\_ (*Initials*) Personal relationships, co-ed interaction, modesty and dress standards I have read, understand, and agree to uphold the Personal relationships, co-ed interaction, modesty, and dress standards for the duration of my involvement in the apprentice guide course. \_\_\_\_\_ (*Initials*) Gear requirements I have read, understand, and agree to the *Gear requirements* for my involvement in the apprentice guide course. COL 12 Week Mountain School Fee - \$2100.00 I have read, understand, and am in agreement as to the reasons and need of a tuition, room and board fee, and agree to the payment of such, to Climbers With Christ (CWC), or have made prior arrangement for a installment or scholarship payment plan to cover the schooling and guide course costs. \_\_\_\_\_ (*Initials*) I hereby state that I agree with, and/or willfully agree to follow and uphold these, and all other Climbers With Christ and COL Mountain School policies, rules and guidelines during my time spent in therein. I give COL Mountain School directors permission to (at their discretion) change, amend, and/or terminate this course or my involvement there in at any time if need be, without promise of financial reimbursement or refund of any sort.

\_\_\_\_\_ (Initials)



## COL Mountain School Apprentice Guide Course Personal Questionnaire

Please complete each section of the following questionnaire thoroughly and to the best of your ability.

Name: Last		First:	Middle:	Married/Single (circle)		
Date of birth: _	/	Age:Social Security	/ #:			
Address: Street	or PO Box		City:	State:		
Zip:	Phone: ()	Em	ail:			
<b>Drivers License</b>	Number:		Expiration date	:/		
Emergency con	ntact					
-		Relationship to y	/OU:			
		Neiationship to y				
/ Horic. (/	D	Day time: (_				
Insurance infor						
		ID/Policy number				
Group number:	- 5	Rx BIN numbe	er (6 digits):			
Carrier's Emplo	yer:					
Phone Number	: ()	Fax: (	)			
Street:	2	City:	State/Provi	nce		
Zip:						
Father's Name:			Father's date of birth:	/		
Mother's Name	):	ļ	Mother's date of birth	n:/		
Personal physic	cian or health-care prov	vider				
	ALC: Y	Street:	Cit	V:		
		ZIP/Postal Code:				
*		Fax				
	mation / History	11.				
		nonestly complete the rest of rd Jesus, only honest ones. B				
		the close knit and demandir				
		me in which we live, for the				
		essed. Please be honest with				
		l information given will be ke				
contact us at a	ny time. Use the lines p	provided or additional space t	to elaborate on any of yo	ur answers if needed.		
Occupation:		If not working, v	vhy?			
If not married,	are you currently involv	ed in a "boy/girl friend" or co	ourting relationship? No	Yes		
Have you ever I	been divorced? No Ye	s				
Have you ever l	been physically beaten	or sexually molested? No Ye	es			

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Have you ever been involved in cri								
Have you ever been convicted of c		_						
ii yes, expiaiii:								
Do you have any "shirt-sleeve", ov	erly large, or	possi	ibly offer	sive and/or visible tattoos on your	body?			
Are you currently under the influe	nce of any "k	nown	" sin or a	addictions in your life? No Yes				
If yes, explain:								
Spiritual Information								
If you were to die tonight, do you l			-	-				
		_		, made a child of God by his Spirit)?				
Describe your relationship with Je	sus at this p	resent	t time. Us	se another back or sheet if needed.				
. / .								
3								
What Obass (Gallana Linear Control								
What Church/fellowship are you of		OT?						
How much time this week baye		nding	Codic W	ord?				
How much time, this week, have y List some of the qualities or skills		_						
List some of the qualities of skills	that you ree	i Gou	nas gnic	a you with.				
Mountain Skills / Experience	11							
Do you currently possess a valid F	irst Aid/CPR	card	or other	valid certification? No Yes				
If yes, list them:								
Please mark the appropriate box								
0-none, 1-minimal (0-12months	11.1	-		_				
	0	1	2 3		0	1	2	3
Belaying				Camping				
ATC				Winter camping				
Figure 8	111			Backpacking				
Grigri				Orienteering				
Rock climbing (top rope)				Mountaineering				
TR Anchor set-up				Snowshoeing				
Rappelling				Downhill skiing/boarding				
Rock climbing (lead)				XC skiing				
Glacier travel								
Ice climbing								

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Physical fitness / Medical / Personal Health
Height: Weight:
How often do you exercise? per day per week.
Do you do manual labor (i.e. construction/farm work/landscaping)? No Yes hours per week.
How much time do you spend outside? Approximately hours per week.
Push-ups (Maximum number completed in 1 minutes):
Sit-ups (Maximum number completed in 1 minutes):
Pull-ups (Maximum number completed in 1 minutes):
One mile run completed in: minutes, seconds.
Allergies: No Yes If yes, explain:
Medications being taken: No Yes If yes, explain:
Ever had serious injury(s): No Yes If yes, explain:
List or explain any medical conditions (past, current or chronic) that may affect your physical ability to participate in any activities while at mountain school:



## COL Mountain School Apprentice Guide Course Waiver and Release of Liability

This document affects your legal rights, please read it carefully.

Name: Last	First:	Middle: _	Married/Single (circle)
Date of birth:/	Age:Social	Security #:	
Address: Street or PO Box:		City:	State:
Zip: Phone: (	)	Email:	
1	Proof of Insuran	ce information	
Company:	ID/Polic	y number:	
Group number:	Rx BII	N number (6 digits):	
Doctor's name:		Phone:	
Medical Insurance Co:		Policy #:	
Date of recent Exam:/	/Date of last Teta	nus:/	Allergies:
Medications being taken:			
I hereby state that I, of my own 1/14/2015 – 3/31/2015 I un climbing, ice-climbing, rappellir swimming, running, playing spot dangers involved with each of t medical and emergency expension am not able to respond reason-CHRIST or other on scene authoricluding surgery, in or on my be Participant (print)  Participant (sign)  If participant is less than 18 year	derstand that this experiently may be derstand that this experiently mountaineering, hiking, ports, riding in cars and vans, hese activities. I willingly asses arising out of my particities, I hereby give my permorities to hospitalize, secure ehalf. (If you have special may be ars of age	ce may include, among ot skiing, snowshoeing, high, and eating. I have knowled sume such risks, and I will pation there in. In case of hission to the physician selection proper treatment of, and needs, please let us know!)	her physical activities, rock and low ropes courses, edge of the inherent risks and I assume and pay any and all emergency, In the event that I ected by CLIMBERS WITH to order medical treatment
Parent or Guardian (sign)		I	Date//
A. I agree that I will not sue, or volunteers, for any loss, injury of (Initial)  B. I am aware of the inherent rideath. (Initial)  C. I agree that all equipment us be held liable. CLIMBERS WITH	or damage resulting from an sks involved in this activity, sed, is used at my own risk.	against CLIMBERS WITH C ny cause, including neglige including but not limited t CLIMBERS WITH CHRIST,	HRIST, or their employees or ence on their behalf.  to the risk of serious injury or and any other party shall not
D. I understand that any route of been chosen for its interest and			nay not be the easiest but has

E. To the fullest extent allowable by law, I agree to defend, indemnify, and hol and any of its officers, members, affiliated organizations, agents, volunteers, any injury or death caused by or resulting from my or my child or ward's partic with CLIMBERS WITH CHRIST, both scheduled or unscheduled, including trans	land owners, o cipation in the	r any em activities	ployees, for associated		
F. I understand this is a binding contract that supersedes any other agreement o provide a comprehensive release of liability but is not intended to assert de (Initial)					
G. I am voluntarily participating in this activity with full knowledge of the inherent risks involved, and hereby agree to accept full responsibility for the risks involved. (Initial)					
H. I understand that CLIMBERS WITH CHRIST or any person associated with are not responsible or liable for any transportation to or from a CLIMBERS WITH CHRIST event. (Initial)					
I have carefully read this agreement and I fully understand its contents. I am a rights that I otherwise may have and I enter into this contract on behalf of my own free will. (Initial)					
Participant (print)	Date		/		
Participant (sign)			/		
If participant is less than 18 years of age					
Parent or guardian (print)	Date	/	/		
Parent or Guardian (sign)	Date	/	/		
If you have any questions or concerns regarding this waiver. CWC safety proce					

mission here while in His service, please do not hesitate to contact us at any time.

Climbers With Christ is a Bible-based outdoor adventure ministry dedicated to sharing the Good News of Jesus Christ and helping build deeper relationships with both Him and others through the opportunities afforded in His awesome creation.

Website: climberswithchrist.com

Phone: 509.445.1335 Email: climberswithchrist@hotmail.com

Registration checklist and application timeline:

- 1. Read through the entire 11 Week Apprentice Course Curriculum and the Course Details and Requirements.
- 2. Complete the Apprentice Guide Course Registration Agreement, the Personal Questionnaire, and the Mountain School Apprentice Guide Course Waiver and Release of Liability. We strongly recommend making a photo copy "backup" of all your completed (3) forms, before sending them to us.
- 3. Submit the completed (3) forms with a deposit of \$200.00 deposit by December 21st, 2015.
- 4. Read carefully through the Equipment List.
- 5. Unless prior arrangements have been made, at least \$700.00 of the remaining \$1900.00 course fee is to be paid on or before **January 7<sup>th</sup>**, **2016** (or 10 days prior to the course start date). The remaining course balance is due on or before **February 7<sup>th</sup>**, **2016**. If paying by check or money order please make it payable to Climbers With Christ. You may hand deliver to us or mail it to: Climbers With Christ, **212** Danforth Road Usk, WA 99180.
- 6. Upon receipt and review of your completed application and deposit, we will contact you by phone to pray with you and confirm your acceptance to the 11 week course. We will also send you at that time (via mail or email) a more detailed weekly break down of the course and some readings that will be beneficial to begin prior to the start of the course.

Do not send this page in with your registration packet.