BSA Climbing Instructor/Participant Information Form

Name (Print): _____ Age: _____ Date:_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Bus. Phone:_____

Cell Phone: _____ E-Mail: _____

Unit #: _____ Unit Position: _____

Have you taken this course before? Yes / No If Yes, when? _____

Current Level of climbing/rappelling Instruction: None___ IIT____ Instructor_____
Lead Instructor _____ Director _____

Number of registered youth: _____ Climbing Experience Years: _____

Brief Personal Climbing History: _____

_____

_____

_____

Have you taught rock climbing before? Yes / No If Yes what age group? _____
Brief History: _____

_____

_____

_____

Are you willing to assist on council events? Yes / No
Would you be interested in being on the climbing committee? Yes / No
Would you like to be on the climbing mailing list? Yes / No
Number of fourteeners climbed: _____
Are you interested in climbing with other Scouters? _____

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Rate your climbing skills (Scale 1 – 10, low – high)

Climbing Knots:

- Figure-Eight _____
- Figure-Eight on a bite _____
- Figure-Eight follow thru _____
- Canadian Eight _____
- Stopper Knot _____
- Fisherman's Knot _____
- Double Fisherman's _____
- Bowline _____
- Bowline on a bite _____
- Double Bowline _____
- Bowline on a coil _____
- Water Knot _____
- Prusik Knot _____
- Girth Hitch _____
- Clove Hitch (running) _____
- Munter _____
- Mule _____

General climbing ability: _____
YDS Class 5.4 – 5.9+

Right handed belay device _____
(Using belay device)

Left handed belay device _____
(Using belay device)

Running Hip Belay Technique _____

Rappelling Ability _____

Rope Coiling _____

Traditional climbing technique _____
(Setting anchors)

Alpine Climbing (Snow) _____