



**OUTDOOR COURSE REPORT**  
(to be reviewed by instructor before course begins.)

Course: \_\_\_\_\_ Course Date: \_\_\_\_\_

Meeting Time and Place: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_  
#(apt.) or Street Town Zip

Phone (H): \_\_\_\_\_ W: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Clients' First Time Climbing: **Yes No** Shoe Size: \_\_\_\_\_

Climbing History: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there are any medical concerns we should be aware of? Do you take any medications regularly or have any allergies, etc.? **Yes No.** If yes, please describe. (All information will be confidential). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have medical insurance ? **Yes No.** If so please name your Company or Provider: \_\_\_\_\_  
\_\_\_\_\_

**Who to contact in case of emergency:**  
**Name** \_\_\_\_\_  
**Phone #** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Our insurance company requires this information.)

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**To Be Completed By Instructor**

Area Selected For Course: \_\_\_\_\_

Description of Course: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Over**

	Acceptable	Needs Work	Unacceptable	NA
◇ Harness (proper wearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Helmet (proper wearing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Fig. "8" and backup knot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Tension-less anchor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Self-equalized anchor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Pre-equalizing of Anchors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Equalizing anchors for TR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Usage of a Cordelette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Selects appropriate anchors for TR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Protection placement for TR anchors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Setup of TR (ERNEST)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Selects the proper anchor for the belay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Anchoring in the belayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Following the ABC's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Threading the belay device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Methods of belaying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Munter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Types of belay's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off anchors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-directed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Lowering the climber	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Rappel with auto-block knot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Backing up the belayer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Fig. "8" on a bight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Double bowline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Clove hitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Equalized fig. "8"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
◇ Protection Placements (leading)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Instructor's Signature** \_\_\_\_\_