

# Kent Mountain Adventure Center, Inc.

## Participant Climbing Questionnaire

We aspire to customize every course with each participant in mind. Please fill out this questionnaire and return it to [kmac@frii.com](mailto:kmac@frii.com) as soon as possible. Thanks!

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Nickname? \_\_\_\_\_

How did you become interested in rock climbing?

How many times have you climbed at an indoor climbing gym?

0      1-3      4-7      8-15      over 15

How many times have you climbed outdoors?

0      1-3      4-7      8-15      over 15

Have you ever taken climbing lessons before? If yes, with whom/ where?

Describe your experience with outdoor rock and/or snow climbing. Include any experience with multi-pitch or lead climbing.

At what level do you climb? How would you rate yourself?

What gear will you bring with you? (harness, helmet, belay device, locking carabiner, etc.)?

List at least three skills that you would like to improve on:

What goals have you set for yourself for this course?