

# Traditional Rock Leading School

## Application



### Boulder Group, Colorado Mountain Club

**Selection for participation in the Rock Leading School is by application. Feel free to include letters of reference, when appropriate. Preference will be given to qualified BRS assistant instructors and rock climb co-leaders.**

#### I. Personal Information

**Applicant's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip: \_\_\_\_\_

Phone: Daytime: \_\_\_\_\_ Evenings: \_\_\_\_\_

*Please print legibly!* E-mail: \_\_\_\_\_

Are you a current Colorado Mountain Club member? **YES NO**

Are you taking any medication or do you have any physical impairment that could hinder your ability to participate and complete this course? **YES NO** If "yes", please explain:

\_\_\_\_\_

Have you completed BRS (Basic Rock School) with the Colorado Mountain Club? **YES NO**

Year BRS completed: \_\_\_\_\_ Senior instructor: \_\_\_\_\_

If currently enrolled, who is your BRS instructor? \_\_\_\_\_

Have you ever served as an instructor in the BRS? **YES NO**

If 'yes': BRS sessions served: **Spring / Fall** year: \_\_\_\_\_ Senior instructor: \_\_\_\_\_

## II. Rock Climbing Experience

At about what level of difficulty on the Yosemite Decimal System scale (5.0 – 5.15) would you say that you can manage to climb, on-sight, without falling, when protected by a secure overhead belay?

(**EXCLUDING** gym climbing) 5. \_\_\_\_

Please list several rock climbs that you have top-roped or followed recently that are representative of your current level of rock climbing ability:

<u>Climb Name</u>	<u>Location</u>	<u>YDS Rating</u>	<u>Year Completed</u>
_____	_____	5. ____	_____
_____	_____	5. ____	_____
_____	_____	5. ____	_____

If you have **led** any rock climbs recently, please list some of these below (note: leading experience is not required for this course):

<u>Climb Name</u>	<u>Location</u>	<u>YDS Rating</u>	<u>Year Completed</u>
_____	_____	5. ____	_____
_____	_____	5. ____	_____
_____	_____	5. ____	_____

Please describe any traditional rock leading instruction you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## III. References

Please list the names of two or more **BRS instructors** or **CMC climb leaders** who have climbed with you and who might be willing to share information regarding your rock climbing experience:

Name: \_\_\_\_\_ contact information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Feel free to provide any additional comments that you feel would be helpful (attach additional sheets if you like): \_\_\_\_\_

\_\_\_\_\_

Mail this completed form to:

**Clint Locks, director, Rock Lead School, 211 E Chester St, Lafayette, CO, 80026**

or send to:

[rls@cmcboulder.org](mailto:rls@cmcboulder.org)