



CLIMB® Registration

Date of program _____

Child's name _____

Gender: Male Female Birth date (m/d/y) _____ / _____ / _____

Grade in school _____

Parent/Guardian _____

Address _____

City _____ State _____ ZIP _____

Daytime phone _____

Home phone _____

Cell phone _____

Emergency phone _____

Email address _____

Include an adult family member with cancer: Mother Father Grandparent Other _____

Special information we should know _____

Allergies or medical problems _____

Has your child attended CLIMB® before: Yes No

If yes, when _____

Save the document and send to slaby.jenna@marshfieldclinic.org following completion of the form.

CLIMB® stands for Children's Lives Include Moments of Bravery.