

Registration form for The CLIMB

Personal Information					
Last Name	First Name	Middle Initial	Date of Birth		
Permanent Home Mailing Address		City	State	Zip	
()Phone Number	(home/work/cell)	Email Address			
Person to be notifie	d in case of an emergency	Relationship	()_ Phone	Number	
	onal goals for this exercise c	-			
Who referred you to	The CLIMB?				
Caregiver/ Spo	ouse Information				
Last Name	First N	First Name		Middle Initial	
Permanent Home N		City	State	Zip	
() Phone Number	(home/work/cell)	Email Address			
Relationship to exe	rcise class participant	Date of Birth(month/day/year			