



Climber Application

Bowling Green State University
Department of Recreational Sports
Outdoor Program
109 Perry Field House
419-372-2146

Name of Climber: _____

Email (climber) : _____

Email (parent/guardian): _____

Phone Number: (____) _____

Mailing Address: _____

Birth Date: ____/____/____ Gender: M / F Age: _____ Grade in School: _____

Shirt Size: _____ Years in Adrenaline Climbing Club: _____

Why do you want to be a part of the Youth Climbing Club?

Describe your climbing experience (all levels are encouraged to participate):

Which day do you plan to attend? (Please Circle One)

**8-12 Year Old
Tuesday (4-6)**

**8-12 Year Old
Wednesday (4-6)**

**13-18 Year Old
Thursday (4-6)**

Emergency Contacts (and relation)

1. Name: _____ Relationship: _____

Telephone: _____

2. Name: _____ Relationship: _____

Telephone: _____

Do you have any physical limitations, injuries, or conditions that might affect your climbing? If yes, please explain:

Are you taking any medication that limits your ability to participate in the Youth Climbing Club? If yes, please notify Jerome Gabriel jeromeg@bgsu.edu

Climbing is a physically and emotionally demanding sport. If there is any question concerning a climber's ability to participate at any time during the semester, or if your child sustains an injury or becomes ill and requires medication not listed on this form while they are a member of the Youth Climbing Club, it is the parents' responsibility to notify the child's doctor and obtain approval for further participation in club activities. Moreover, parents must notify a club coach that such approval has been obtained in writing.