

Sibshops: Teen Edition – Spring 2025

Roca Climbing & Fitness

Saturday, April 12, 2025 @ 3:00 pm – 5:00 pm

Registration form and Roca Waiver to be completed by **April 1st.**

Participant(s) Information:

Teen's name: _____ Birthdate: _____ Age: _____

Jimmy John's Sandwich # _____ Customizations (add/remove): _____

Chips (Regular/BBQ/Jalapeno/Salt & Vinegar): _____ Dessert Option (Cookie/Brownie): _____

Teen's name: _____ Birthdate: _____ Age: _____

Jimmy John's Sandwich # _____ Customizations (add/remove): _____

Chips (Regular/BBQ/Jalapeno/Salt & Vinegar): _____ Dessert Option (Cookie/Brownie): _____

Has your teen(s) previously attended a Sibshops Program: ☐ Yes ☐ No

Does your teen(s) have any needs we should be aware of (allergies, dietary concerns, or other health restrictions)?

Parent/Guardian names: _____

Home address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Name of brother or sister and description of chronic health, mental health, or developmental needs:

I hereby give my child permission to participate in Sibshops. I also agree to hold Sibshops harmless for any and all liability incurred as a result of my child's participation. Further, I grant full permission to use any photographs, videotapes, recordings, or any other record of this program for the purpose of education and promotion of Sibshops.

Signature of parent or guardian _____ (Date) _____

☐ \$10 registration fee enclosed

☐ \$10 registration fee will be paid in-person at event

☐ \$10 scholarship(s) requested

Please mail the registration form and payment (scholarships available upon request) to:

Mayo Clinic Sibshops
Child Life Program
1216 2nd St. SW
Rochester, MN 55902

For more information contact us at mayosibshop@mayo.edu

