



REGISTRATION FORM
Under 18 - Climbing at Rock Over Climbing Wall



Participation Statement

“The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.”

Personal Details Please complete the form in **BLOCK CAPITALS**.

Childs First Name	<input type="text"/>	Childs Surname	<input type="text"/>
Male / Female	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>		
Emergency Tel.	<input type="text"/>		
Email Address	<input type="text"/>	Post Code:	<input type="text"/>

Guardian / Emergency Contact

Number 1

Number 2

Name:	<input type="text"/>
Mobile No.	<input type="text"/>
Landline No.	<input type="text"/>

Name:	<input type="text"/>
Mobile No.	<input type="text"/>
Landline No.	<input type="text"/>

Conditions of Registration

Once you have read the **Conditions of Use and Rules** of the climbing centre, you must answer the following questions by writing either “**YES**” or “**NO**” in the box provided then sign the declaration at the bottom of the form. Only climbers who give satisfactory answers to the questions will be registered and allowed to climb.

Have you / your child read and understood the Conditions of Use and Rules of the centre?	<input type="text"/>
Do you / your child understand the matting under the walls does not guarantee your safety? .	<input type="text"/>
Do you / your child understand that failure to exercise due care could result in your injury or death?	<input type="text"/>
Do you / your child have any questions regarding the application of the Conditions of Use or the Rules?	<input type="text"/>
Do you / your child agrees to abide by the Rules of the climbing centre?	<input type="text"/>

Do you or your child require instruction in any of the above? _____ If yes a competent climber must fill in below.

I _____ (full name) will take full responsibility for the named person on this form.

I am competent to do so. Signature: _____ Membership Number: _____

Declaration of fitness

I certify that to the best of my knowledge, that my child does not suffer from a medical condition which might have the effect of making it more likely that my child might be involved in an accident which could result in injury to myself or others.

Declaration of fact

I also confirm that the above information is correct and if any information changes I will notify the centre:

Signature

Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Registration Number

Amount Paid for Registration £

Signature

Registration Type

Have you asked a sample question?

Date