

UNDER 18 REGISTRATION FORM
Unsupervised Climbing at The Climbing Works

This form to be filled out by the **PARENT** or **Guardian** of the young person

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 of U18 Please complete the form in BLOCK CAPITALS.

First Name	<input type="text"/>	Surname	<input type="text"/>
Male / Female	<input type="text"/>	Address	<input type="text"/>
Date of Birth	<input type="text"/>		<input type="text"/>
Age	<input type="text"/>		<input type="text"/>
Tel No.	<input type="text"/>		Post Code: <input type="text"/>
Email address	<input type="text"/>		
Emergency Contact Person	<input type="text"/>		
Emergency Contact Tel No	<input type="text"/>		

Parent or Guardians acknowledgement that climbing is a hazardous activity with an element of risk.

Are you legally responsible for the above named young person?	<input type="checkbox"/>
Do you understand the matting under the walls does not guarantee the safety of a climber?	<input type="checkbox"/>
Have you read and understood the Conditions of Use and Rules of the centre?	<input type="checkbox"/>
Do you understand that failure to exercise due care could result in injury or death to a climber?	<input type="checkbox"/>
Do you have any questions regarding the application of the Conditions of Use or the Rules?	<input type="checkbox"/>

<u>Medical Information</u>	<p>Does your child suffer from any medical condition that might have the effect of making it more likely that they will be involved in an accident which could cause harm to themselves or other?</p> <p style="text-align: right;">YES/NO</p> <p>If 'YES' please give details?</p>
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As a parent or guardian of a user of The Climbing Works facility I have read and signed to agree that I understand that climbing is a hazardous activity with an element of risk.	
<u>Signature</u>	<u>Date</u>

THIS PART TO BE FILLED IN BY RECEPTION STAFF	
Registration Number <input style="width: 80%;" type="text"/>	Registration Type <input style="width: 80%;" type="text"/>
Amount Paid for Registration <input style="width: 80%;" type="text"/> £	Has climber been approved to climb? <input type="checkbox"/>
Signature <input style="width: 80%;" type="text"/>	Date <input style="width: 80%;" type="text"/>