



14-17 Year Old Registration Form UNSUPERVISED CLIMBING

Please complete the form in BLOCK CAPITALS

Personal Details

Name	Date of Birth	Age
Address	Postcode	
Telephone No.	Email	

Assessment Checklist

	Yes/No	Staff Initial
I can put a harness on correctly		
I can tie on, using a figure 8 and stopper knot		
I can belay effectively for a top rope climber		
I can belay effectively for a lead climber		
I can lead climb safely		
*Have you read and understood the Conditions of Use and Rules of the Centre?		
*Do you understand that failure to exercise due care could result in injury or death?		
Do you agree to abide by the Rules of the climbing centre?		
* Do you have any questions regarding the application of the Conditions of Use or Rules?		

*These assessments are minimum requirements for bouldering

Parent/Guardian Details

Name	Date of Birth
Address	Postcode
Relationship	Telephone No.

Parent/Guardian Consent

- I have read and understood the conditions of use and rules of the centre
- I recognise that climbing is a potentially dangerous activity
- I hereby give my consent for the above named to climb on roped and bouldering climbing walls
- I understand that children will belay other children

By ticking this box I confirm that I am either the child's legal guardian or that I have permission from the child's legal guardian to bring them climbing.

Participation Statement "The British Mountaineering Council (BMC) 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."

Signature _____ Date _____

For use by Staff Only	Name	<input type="text"/>	Date	<input type="text"/>