



Non - Climber Registration Form

UNSUPERVISED CLIMBING

Please complete the form in BLOCK CAPITALS

Personal Details

Name	Date of Birth
Address	
	Postcode
Telephone No.	Email
Contact in the event of accident	
Name	Relationship
Telephone No.	Mobile No.

Conditions of Registration

You must answer the following questions by writing either **YES** or **NO** in the box provided, then sign the declaration at the bottom of this form.

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 your 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?	

By ticking this box you agree not to climb or belay unsupervised on top rope or lead walls at any time.
Once you are trained to a competent level you should register again as full member.

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."

DECLARATION OF FITNESS	I certify that to the best of my knowledge, I do not suffer from any medical condition which could result in an accident causing 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

To be completed by the competent climber

By ticking this box you agree to take responsibility for the safety and conduct of the above named person while using roped climbing walls and bouldering walls.

Signature Date Membership

For use by Staff Only Name Date