

Up to 14 Yrs Registration Form PARENT/GUARDIAN SUPERVISED CLIMBING

Please complete the form in BLOCK CAPITALS

For use by Staff Only

Name

| Child's Detail's | |
|--|---|
| Name | Date of Birth |
| Address | |
| | Postcode |
| Parent/Guardian Details | |
| Name | Date of Birth |
| Address | |
| | Postcode |
| Telephone No. | Email |
| Parent/Guardian Consent | |
| I recognise that climbing is a pote | |
| I hereby give my consent for the al from a competent adult member.I hereby give my consent for the al | bove named to climb on the bouldering wall with supervision |
| a competent adult member. I understand that children will bela instruction in a junior climbing cli | y other children under supervision of a competent adult or whilst under ub |
| By ticking this box I confirm that I am eith them climbing. | ner the childs legal guardian or that I have the childs legal guardians permission to bring |
| mountaineering are activities with a | h Mountaineering Council (BMC) recognises that climbing and danger of personal injury or death. Participants in these activities risks and be responsible for their own actions and involvement." |
| Signature | Date |
| | |

Date