



JUNIOR (14-17) REGISTRATION FORM For Unsupervised Climbing at NEWCASTLE CLIMBING CENTRE



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.

First Name		Surname	
Date of birth		Current Age	
Address			
Postcode		Email address	
Emergency Contact 1		Tel No.	
Emergency Contact 2		Tel No.	

Conditions of Registration

You must complete this form with your parent/carer. 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. Questions 1 -10 are for you. The remainder of the questions are for your parent/carer to answer.

1	Have you read and understood the Conditions of Use and Rules of the centre?	
2	* Can you put on a climbing harness correctly?	
3	* Can you attach a rope to your harness using a re-threaded figure of eight knot?	
4	* Can you use a belay device to secure a falling climber and lower a climber from the wall?	
5	* Can you safely climb using redpoint auto belay devices?	
6	* Can you lead climb routes in indoor walls?	
7	Do you require instruction in any of the above five techniques (marked *)?	
8	Do you understand that failure to exercise due care could result in your injury or death?	
9	Do you have any questions regarding the application of the Conditions of Use or the Rules?	
10	Do you agree to abide by the Rules of the Newcastle Climbing Centre?	
11	<i>Have you read and understood the Conditions of Use and Rules of the centre?</i>	
12	<i>Do you understand that indoor climbing can result in personal injury or death?</i>	
13	<i>Do you have legal parental responsibility for the person identified above?</i>	
14	<i>Do you give permission for the person identified above to use our facilities without supervision?</i>	

Declaration of fitness We certify that to the best of our knowledge, the applicant does not suffer from a medical condition which might have the effect of making it more likely that he/she be involved in an accident which could result in injury to themselves or others.

Declaration of fact We also confirm that the above information is correct and if any information changes we will notify the centre:

Signed (Applicant)		Date
Signed (Parent/Carer)		Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Registration Number	<input style="width: 100px;" type="text"/>	Registration Type	<input style="width: 150px;" type="text"/>
Amount Paid for Registration	<input style="width: 80px;" type="text" value="£5.00"/>	Have you carried out an assessment of abilities?	<input style="width: 60px;" type="text"/>
Signature	<input style="width: 150px;" type="text"/>	Date	<input style="width: 100px;" type="text"/>