

REGISTRATION FORM

Unsupervised Climbing at *Kelsey Kerridge Sports 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.

Title	First Name	Surname
Male / Female	Address	
Date of Birth	Post Code:	
Evening Tel. No.		
Daytime Tel. No.		
Occupation	E-mail address	
How did you hear about <i>Kelsey Kerridge</i>		

Conditions of Registration

If you are under 18 years of age **DO NOT** fill in this form! Please ask reception for the correct form.

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. Only climbers who give satisfactory answers to the questions will be registered and allowed to climb unsupervised.

Are you over 18 years of age?	<input type="checkbox"/>
Have you read and understood the Conditions of Use and Rules of the centre?	<input type="checkbox"/>
* Can you put on a climbing harness correctly?	<input type="checkbox"/>
* Can you attach a rope to your harness using a suitable climbing knot?	<input type="checkbox"/>
* Can you use a belay device to secure a falling climber and lower a climber from the wall?	<input type="checkbox"/>
Do you require instruction in any of the above three techniques (marked*)?	<input type="checkbox"/>
Do you understand that failure to exercise due care could result in your injury or death?	<input type="checkbox"/>
Do you have any questions regarding the application of the Conditions of Use or the Rules?	<input type="checkbox"/>
Do you agree to abide by the Rules of the climbing centre?	<input type="checkbox"/>

Answers to Skills Check Q1_____ Q2_____ Q3_____

Declaration of fitness

I certify that to the best of my knowledge, I do not suffer from a medical condition, which might have the effect of making it more likely that I be involved in an accident, which could result in injury to myself or others.

Declaration of fact

I confirm that I have been taken through the induction policy on the reverse. I understand the risks of climbing and will conform to the points mentioned
I also confirm that the above information is correct and if any information changes I will notify the centre:

Signature	Date
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THIS PART TO BE FILLED IN BY KELSEY KERRIDGE STAFF ONLY

Registration Number	Was skills check completed & by who?
Signature	Date

