UNDER 18's BOULDERING ONLY 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 compl	ete the form in	BLOCK CAPITALS	.			
Title	First Name		Sur	rname			
Male / Female		Address					
Date of Birth							
Evening Tel. No.							
Daytime Tel. No.					Post Code:		
Occupation			E-mail address				
How did you hear	about Kelsey Kerr	ridge					
You are registering for Once you have read either "YES" or "NO	ears of age DO NOT fi or bouldering only, 16 the Conditions of Us " in the box provided	and 17 year olds and Rules of t then sign the de	nder 16's are not allowe s cannot register for ro the climbing centre, yo eclaration at the bottor	ped climbing. ou must answ	ver the following qu		
answers to the questions will be registered and allowed to climb unsupervised. Are you over 16 years of age? (aged 16 or 17 years old)?							
Have you read and understood the Conditions of Use and Rules of the centre?							
You are registerin	g for bouldering o	nly, can you co	onfirm that you will	not rope cli	mb unless doing	so	
Do you understan	d that failure to ex	ercise due car	e could result in yo	ur injury or	death?		
Do you have any o	questions regardin	g the applicati	on of the Condition	is of Use or	the Rules?		
Do you agree to a	bide by the Rules o	of the climbing	centre?				
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 bouldering and will conform to the points mentioned					
	lf you	ı or anyone of you	r household have COVI Centre and follow	• •		/ from the Sports	
	l also co centre:	onfirm that the abo	ove information is correc	ct and if any in	formation changes I	will notify the	
Signature				Date			
Declaration of fact	l confir	m that I am the pa	rent/guardian and acce	pt the risks ex	plained to me from th	e	
from the Parent/Guard	during		les of the centre in whic cy on the reverse and g J				
Signature				Date			
THIS PART TO Registration Nu		KELSEY KERR	IDGE STAFF ONLY				
Signature				Date			