Creation
CLIMBING CENTRE
Extreme is a way of life

Adult Registration Form

Unsupervised Climbing at Creation Indoor Climbing Centre

BMC (British Mountaineering Council) Participation Statement: *'The 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'*

Title First Name Surname

Male Female Address

Date of Birth

Telephone Number Post Code

Emergency Number Occupation

How did you hear about Creation Climbing Centre?

Conditions of Registration:

Once you have read the conditions of use and rules of the climbing centre, you must answer the following questions by answering Yes or No, then sign the declaration at the bottom of the form. Only climbers who provide satisfactory answers to the questions will be registered and allowed to climb unsupervised.

	YES or NO
Are you under 18 years of age? **(If YES then please stop and ask for an under 18 form)**.....	
Have you read and understood the Conditions of Use and Rules of the Centre?	
You understand that failure to exercise due care could result in injury or death to you or others?.....	
Do you have any questions regarding the application of the Conditions of Use and Rules?.....	
Do you agree to abide by the Rules of the climbing centre?.....	
If I am a novice I agree to **only boulder,** unless supervised by a competent adult.....	
I agree to only participate in activities that I am competent to undertake	

Competency Declaration: *(We will ask you to perform a physical demonstration to verify your abilities)*

Can you put on a climbing harness correctly?.....	
Can you attach a rope to your harness using a suitable climbing knot?.....	
Can you use a belay device to secure a falling climber and lower a climber from the wall?.....	
Do you require instruction in any of the above three techniques?.....	
I agree to only use the Auto Belays if I can fit my harness correctly.....	

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 maybe involved in an accident, which could result in injury to others or myself.

Declaration of fact: I also confirm that the above information is correct and if any information changes I will notify the centre immediately.

Signature **Today's Date**

For Reception Use Only

Annual Membership was approved/declined on ____ / ____ / _____ by PRINT NAME _____

Internal Instruction **YES/NO** Sample Question Asked? **YES/NO** Membership Number _____ Input by _____

Type of Membership: Adult Adult Novice Adult Conc Student Student Novice

Mountaineering Club Associated With? _____ University ID Expires on _____