

ADULT REGISTRATION FORM

Unsupervised Climbing at Creation Indoor 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

Title First Name Surname

Male / Female Address

Date of Birth

Contact Tel. No.

Emergency Tel. No. Post Code:

Occupation E-mail address

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 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 under 18 years of age? (If yes please inform the receptionist)

Have you read and understood the Conditions of Use and Rules of the centre?

* 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 (marked *)?

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 or the Rules?

Do you agree to abide by the Rules of the climbing centre?

I will only participate in activities, that I am competent to undertake I agree I do not agree

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:

Signature Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

| | | | |
|---------------------|--|-----------------------------------|--|
| Registration Number | <input type="text"/> | Internal Group Instruction? | <input type="checkbox"/> Yes/No <input type="checkbox"/> |
| Registration Period | <input type="text"/> Annual / Day <input type="text"/> | Have you asked a sample question? | <input type="checkbox"/> Yes/No <input type="checkbox"/> |
| Registration type: | Adult <input type="checkbox"/> | Adult Novice | <input type="checkbox"/> Adult Concession <input type="checkbox"/> |
| Signature | <input type="text"/> | Date | <input type="text"/> |