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|  | REGISTRATION FORM **U18’s Unsupervised Climbing at The Rock – Y Graig, Harlech** |  |

# 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.**

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| **Title** |  | |  | | | **First Name** | | |  | | | | | | | | | | **Surname** | | | | | |  | | | | | |
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| Male / Female | | | | |  | | |  | | | | | **Address** | | | |  | | | | |  | | | | |  | | | |
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| **Date of Birth** | | | | |  | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |
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| Mobile Tel. No. | | | | | | |  | | | | | | | |  | |  | | | | | | | | | **Post Code:** | | | |  |
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| Occupation | | | |  | | | |  | | | | | | | | E-mail address | | | | |  | | | | | | | |  | |
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Conditions of Registration

If you are over 18 years of age **DO NOT** fill in this form! Please ask at 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 under 18 years of age? .......................................................................................................... |  |
|  |  |
| 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? ........... |  |
|  |  |
| Have you made your parents / guardians aware that you are participating in this risk activity? .............. |  |
|  |  |
| Do you understand that failure to exercise due care could result in your injury or death? ................…. |  |
|  |  |
| 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? .............................................………….. |  |

Signature: Date: Staff Member:

Signature

|  |  |  |  |
| --- | --- | --- | --- |
| 14-17 yrs  Test Passed | Date: | Assessors Name | Assessors signature |

**To be read and completed by the parent/guardian**

N.B. Passing the test demonstrates the ability to achieve the required level of competence at the time of taking the test. It is the responsibility of the parent/guardian & child/ward to ensure that these skills are kept up to date. The management reserve the right to refuse continued use it the young person does not act in line with the centre guidelines.

The Rock climbing wall strongly recommends that all parents/guardians visit the wall personally before giving permission for their child/ward to climb unsupervised.

I (parent/guardian)...................................................... give permission for my child/ward to take part in climbing activities at the Rock Climbing Wall. I have read the facilities Conditions of Use and Rules; and understand that my child/ward will be participating in an unsupervised risk activity.

Signature ................................................................................... Date .....................................

Helmets are provided at the Rock Climbing Wall free of charge. The wearing of a helmet is at the discretion of the climber, parents may exempt their child/ward from wearing a helmet on the understanding that it increases their exposure to head injuries.

I (signature of parent/guardian).................................................. give permission for my child/ward to use the Rock Climbing Wall without wearing a climbing helmet if they so wish.