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|  | REGISTRATION FORM **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** | | | | | |  | | | | | |
|  | | | |  | | | |  | | | | | | | |  | | | |  | | | | | |  | | | |  |
| Male / Female | | | | |  | | |  | | | | | **Address** | | | |  | | | | |  | | | | |  | | | |
|  | |  | | | | |  | | |  | | | | | | |  | | | | |  | | | | |  | | | |
| **Date of Birth** | | | | |  | | | | | | | |  | | | |  | | | | |  | | | | |  | | | |
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| Evening Tel. No. | | | | | | |  | | | | | | | |  | |  | | | | |  | | | | |  | | | |
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| Daytime Tel. No. | | | | | | |  | | | | | | | |  | |  | | | | | | | | | **Post Code:** | | | |  |
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| Occupation | | | |  | | | |  | | | | | | | | E-mail address | | | | |  | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| How did you hear about *The Rock –Y Graig, Harlech*? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |

Conditions of Registration

If you are under 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.

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| --- | --- |
| Are you over 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? ........... |  |
|  |  |
| Do you require instruction in any of the above three techniques (marked \*)? ................................... |  |
|  |  |
| 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? .............................................………….. |  |

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| Declaration of fitness  Declaration of fact | **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.**  **I am signing to say that I have read and understood the conditions of use (please see separate sheet) of The Rock – Y Graig, Harlech.**  **I also confirm that the above information is correct and if any information changes I will notify the centre:** |

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

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|  | THIS PART TO BE FILLED IN BY RECEPTION STAFF | | | | | | | | |  |
|  | **Registration Number** | |  | | **Have you asked a sample question?** | | |  | |  |
|  |  | | |  |  | | | |  |  |
|  |  | | |  |  | |  | | |  |
|  | **Signature** |  | | | **Date** |  |  | | | |
|  |  | | |  |  | |  | | |  |