

CLIP 'N CLIMB REGISTRATION FORM



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 (except email address)

Title	First Name	Surname
Male / Female	Address	
Date of Birth	Post Code:	
Mobile Tel. No.		
How did you hear about Clip 'n Climb?		

UNDER 18 SUPERVISION Please detail below names of any under 18s in your care

1.	Date of Birth	6.	Date of Birth
2.	Date of Birth	7.	Date of Birth
3.	Date of Birth	8.	Date of Birth
4.	Date of Birth	9.	Date of Birth
5.	Date of Birth	10.	Date of Birth

UNDER 8 SUPERVISION Please detail below names of any under 8s in your care (max. 2). You must supervise your child at all times.

1.	Date of Birth	2.	Date of Birth
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CONDITIONS OF REGISTRATION

Please answer the following questions by writing either “YES” or “NO” in the box provided then sign the declaration at the bottom of the form.

ARE YOU OVER 18 YEARS OF AGE?	<input type="text"/>
ARE ALL PARTICIPANTS IN YOUR CARE OVER 4 YEARS OF AGE?	<input type="text"/>
ARE YOU, OR ANY YOUNG PERSON IN YOUR CARE, CURRENTLY PREGNANT?	<input type="text"/>
ARE YOU, OR ANY YOUNG PERSON IN YOUR CARE, CURRENTLY WEARING A HARD PLASTER CAST?	<input type="text"/>
DO YOU AGREE TO ABIDE BY THE RULES OF THE CENTRE?	<input type="text"/>
DO YOU UNDERSTAND THAT FAILURE TO FOLLOW THE SAFETY RULES AND ADVICE GIVEN MAY RESULT IN A SERIOUS INJURY TO YOURSELF OR A YOUNG PERSON IN YOUR CARE?	<input type="text"/>
ARE YOU, AND ALL YOUNG PEOPLE IN YOUR CARE, UNDER 22 STONE IN BODY WEIGHT?	<input type="text"/>

Declaration of fitness I certify that to the best of my knowledge, I, and any young person in my care, 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 also confirm that the above information is correct and if any information changes I will notify the Centre:

Signature	Date
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