

# 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                         |            |         |
| Mobile Tel. No.                       |            |         |
| Post Code:                            |            |         |
| 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 |
|----|---------------|----|---------------|

## 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?   |  |
| ARE ALL PARTICIPANTS IN YOUR CARE OVER 4 YEARS OF AGE?  |  |
| ARE YOU, OR ANY YOUNG PERSON IN YOUR CARE, CURRENTLY PREGNANT?  |  |
| ARE YOU, OR ANY YOUNG PERSON IN YOUR CARE, CURRENTLY WEARING A HARD PLASTER CAST?   |  |
| DO YOU AGREE TO ABIDE BY THE RULES OF THE CENTRE?   |  |
| 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? |  |
| ARE YOU, AND ALL YOUNG PEOPLE IN YOUR CARE, UNDER 22 STONE IN BODY WEIGHT?  |  |

**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 |
|-----------|------|