



REGISTRATION FORM

Unsupervised climbing at Rockcity 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 This information will be kept in strict confidence. Please complete the form in BLOCK CAPITALS.

Title First Name Surname

Male / Female Address

Date of Birth

NO
IMAGE

Evening Tel No.

Daytime Tel No.

Occupation Email

How did you hear about Rockcity?

I agree to Rockcity sending me correspondence and understand that my details will not be passed to any other party.

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 these questions will be registered and allowed to climb unsupervised.

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 techniques (marked *)?

Do you understand that the matting under the bouldering walls cannot remove the risk of injury?

Do you understand that failure to exercise due care could result in 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 Rockcity Climbing Centre?

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 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

THIS PART TO BE FILLED IN BY THE RECEPTION STAFF

Registration No. Registration Type

Amount Paid for Registration Have you asked a sample question?

Signature Date