



REGISTRATION FORM

Unsupervised junior bouldering 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."

I fully understand and acknowledge that there are risks and dangers associated with participation in bouldering which could result in bodily injury; partial and/or total disability; paralysis or death. As a result of this knowledge, I will not hold the management, directors, staff or volunteers of Bloccity or Rockcity responsible for any accidents; injury; loss or damage whilst on the premises. By signing this registration form, I confirm that I have fully understood the Conditions of Use and Rules. I hereby agree to accept full responsibility for my child's actions during participation at Bloccity.

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

I confirm that I am the parent or guardian of the above child, and that he or she has my consent to the use Bloccity. I understand that the activity of Bouldering has a danger of personal injury or death. I have read the terms and conditions provided, and I accept responsibility for my child observing them. If any of them are broken, I understand that this will cancel this membership and will end his/her session immediately, and that my child will be asked to leave immediately and may not be allowed to use Bloccity or Rockcity in the future

Declaration of fitness

I certify that to the best of my knowledge, the child named above does not suffer from a medical condition which might have the effect of making it more likely that they are involved in an accident which could result in injury to themselves or others.

Declaration of fact

I also confirm that the above information is correct and if any information changes I will notify the centre:

Parent / Guardian Signatur Date

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 boulder unsupervised.

Have you read and understood the Conditions of Use and Rules of the centre?

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

Do you understand that failure to exercise due care could result in injury or death?

Do you understand you are not permitted to use or climb on our tall walls?

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?

Signature Date

Emergency Contact Details

First Name Surname

Tel No. 2nd Tel no

THIS PART TO BE FILLED IN BY THE RECEPTION STAFF	
Registration No. <input type="text"/>	Registration Type <input type="text" value="Boulder"/>
Amount Paid for Registration <input type="text" value="£"/>	Have you asked a sample question? <input type="text"/>
Signature <input type="text"/>	Date <input type="text" value="18/02/2012"/>

12 March 2012

BOULDER ONLY