## **BOULDERING ONLY REGISTRATION FORM** Unsupervised Climbing at Kelsey Kerridge Sports 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	Please	comple	te the form	n in BLOCK C	APITALS.				
Title	First Name			Surname					
Male / Female			Address						
Date of Birth									
Evening Tel. No.									
Daytime Tel. No.				Post Code:					
Occupation				E-mail addre	ess				
How did you hear	about <i>Kelse</i>	y Kerrid	lge						
•	3 years of age				•		or the correct form. dering please ask		n for the
questions by writing	ng either " <b>YE</b> \$	<b>5</b> " or " <b>N</b> (	O" in the bo	x provided the	n sign the	dec	re, you must answ claration at the bot nd allowed to climb	tom of th	ne form.
Are you over 18 ye	ears of age?								
Have you read and	d understood t	the Con	ditions of Us	se and Rules o	f the centre	€?			
							in roped climbing ι		
Do you understand	d that failure to	o exerci:	se due care	could result in	your injury	or o	death?		
Do you have any o	questions rega	rding th	ie applicatio	n of the Condit	ions of Use	e or	the Rules?		
Do you agree to a	bide by the Ru	ıles of th	ne climbing	centre?					
<u>Declaration of fitness</u>		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 confirm that I have been taken through the induction policy on the reverse. I understand the risks of bouldering and will conform to the points mentioned							
	lf	you or a					symptoms you mus rnment guidelines	t stay aw	ay from
		ilso conf otify the		above informat	ion is corre	ect a	ind if any informatio	n change	es I will
Signature					Dat	е			
THIS PART TO	BE FILLED I	N BY K	ELSEY KEI	RRIDGE STAF	F ONLY				
Registration Nu	mber								
Signature					Date				

Signature