

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 complete the form in **BLOCK CAPITALS**.

Title First Name Surname

Male / Female Address

Date of Birth

Evening Tel. No.

Daytime Tel. No.

Occupation E-mail address

How did you hear about *Kelsey Kerridge*

Post Code:

Conditions of Registration

If you are under 18 years of age **DO NOT** fill in this form! Please ask 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 the 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 three techniques (marked*)?

Do you understand that failure to exercise due care could result in your 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 the climbing centre?

Answers to Skills Check Q1 _____ Q2 _____ Q3 _____

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 confirm that I have been taken through the induction policy on the reverse. I understand the risks of climbing and will conform to the points mentioned

If you or anyone of your household have COVID-19 symptoms you must stay away from the Sports Centre and follow Government guidelines

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 KELSEY KERRIDGE STAFF ONLY

Registration Number Was skills check completed & by who?

Signature Date

