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 Ple	ease complete the form	in BLOCK CA	PITALS.			
Title First	Name	S	Surname			
Male / Female	Address					
Date of Birth						
Evening Tel. No.						
Daytime Tel. No.	Post Code:					
Occupation		E-mail addres	s			
How did you hear about i	Kelsey Kerridge					
Conditions of Registrat	<u>ion</u>					
If you are under 18 years	of age DO NOT fill in this	form! Please ask	reception	for the correct form.		
You are registering for bocorrect form.	uldering only, if you wish	to register for rop	oed and bo	uldering please ask	reception for the	
Once you have read the questions by writing either declaration at the bottom registered and allowed to	r " YES " or " NO " in the box n of the form. Only clin	x provided (DO I	NOT PUT .	TICKŠ OR CROSSI	ES) then sign the	
Are you over 18 years of a	age?					
Have you read and understood the Conditions of Use and Rules of the centre?						
You are registering for bou						
Do you understand that fa	ilure to exercise due care	could result in yo	our injury o	r death?		
Do you have any question	s regarding the applicatio	n of the Conditio	ns of Use o	or the Rules?		
Do you agree to abide by	the Rules of the climbing	centre?				
Declaration of fitness		t more like	suffer from a medica y that I be involved i			
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				
	I also confirm that the notify the centre:	above information	n is correc	t and if any informati	on changes I will	
Signature			Date			
THIS PART TO BE FIL	LED IN BY KELSEY KEF	RRIDGE STAFF	ONLY			
Registration Number						
Signature			Date			