UNDER 18's 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 complete the form in BLOCK CAPITALS.						
Title	First Name		S	urname			
Male / Female		Address					
Date of Birth							
Evening Tel. No.							
Daytime Tel. No.					Post Code:		
Occupation			E-mail address	5			
How did you hear	about <i>Kelsey Keri</i>	ridge					
Conditions of Regist	ration						
If you are under 16 ye	ars of age DO NOT fi	ll in this form! Ur	nder 16's are not allo	wed to climb ur	nsupervised		
You are registering for	r bouldering only, 16	and 17 year olds	s cannot register for	roped climbing			
	in the box provided	OO NOT PUT 1	ICKS OR CROSSES	b) then sign the	declaration at th	g questions by writing ne bottom of the form. ised.	

Are you over 16 years of age? (aged 16 or 17 years old)?	
Have you read and understood the Conditions of Use and Rules of the centre?	
You are registering for bouldering only, can you confirm that you will not rope climb unless doing so under authorised supervision?	
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?	

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.
	result in injury to myself or others.

Declaration of factI 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 above information is correct and if any information changes I will notify the centre:

Signature				Date			
Declaration of fac from the Parent/0	— Guardian d V	confirm that I am the parent/g conditions of use and rules of vas present during the induct egister for unsupervised bou	f the cent	re in which my	/ child is undertaking.	I confirm that I	
Signature				Date			
THIS PART TO BE FILLED IN BY KELSEY KERRIDGE STAFF ONLY							
Registration	Number						
Signature				Date			-