

Registration Form Under 18 – Unsupervised

"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."

Dear Parent / Guardian,

Indoor climbing is a physical and demanding sport, which obviously has inherent hazards associated with it. Whilst The Barn Climbing Centre takes all necessary precautions to try and ensure the safety of all participants, unfortunately accidents may occur. Each participant should familiarise themselves with the hazards and try and minimise these as much as possible by complying with The Barn Climbing Centre risk management guidelines. The management accepts no responsibility whatsoever for any loss or injury resulting from any persons involvement in indoor climbing. Furthermore, it is understood and agreed that individuals participate at their own risk.

Under 18 year olds are only allowed to climb unsupervised at The Barn Climbing Centre following successful completion of a competency test/ observation which is performed by The Barn Climbing Centre staff. Climbers should be a minimum of 14 years old and show exceptional safety skills and behaviour in a climbing wall environment. Under 14's may be considered with the discretion of The Barn Climbing Centre Staff. The areas covered are bouldering, top-rope climbing and lead climbing, further details of the assessment can be provided on request. If you <u>as a parent or guardian are unsure</u> about what the use of a climbing wall involves, particularly potential risks, then please contact a member of staff <u>before</u> completing the form.

Thank you.

Parent/ Guardian Details

First Name:		Surname:		
Date of Birth:	Age:		Gender:	

Mobile No.:	Address:	
Home No.:		
Occupation:		
Email:		

PLEASE TURN OVER

Under 18's Details

First Name:			Surname:		
Date of Birth:		Age:		Gender:	
Address:					
Medical:	Please give full details of any illnes	s or me	dical conditions th	at may effect pa	articipation in activities at The Barn
	Climbing Centre. Please include any medication and any special dietary requirements. If there are any changes after the completion of this form, please contact a member of staff to update.				
Doctor's Name: Contact					
Doctor's Name:			Number		
Address:					

As with other adventurous activities it is important to understand that climbing can involve an element of risk which could result in serious injury or death.

I agree for ______ (child's name) to receive emergency medical treatment, including anaesthetic considered necessary by medical authorities.

Treatment:

Signed:

With this knowledge I consent to: un-supervised at The Barn Climbing Centre.			(child's name) climbing			
Parent/ Guardian Full Name:						
Parent/ Guardian Signature:						
Emergency Contact Number:			Date:			
FOR STAFF USE ONLY						
Registration No.:	Registration Type: (Tick)	Boulder 📃 🛛	B + Top Rope 📃	B, TR + Lead 📃		
Signature:	Date:	Competency Tes	st Performed by: .			