



REGISTRATION FORM

Unsupervised Climbing at *The Cube at Atlantis Leisure*



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

Post Code:

How did you hear about *[Insert name of centre here]*?

Conditions of Registration

If you are under 18 years of age **DO NOT** fill in this form! Please ask at 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?

Do you understand that the matting under the walls does not Guarantee Your Safety?

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.

Declaration of fact 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 RECEPTION STAFF	
CENTRE INDUCTION YES / NO	INDUCTION DATE:
Registration Number <input type="text"/>	Registration Type <input type="text"/>
Amount Paid for Registration <input type="text"/> £	Have you read out the User Guidelines? <input type="text"/>
Signature <input type="text"/>	Date <input type="text"/>