JUNIOR REGISTRATION FORM
Under 18's Climbing at *The Cube at Atlantis Leisure*

BMC thebmc.co.uk

ASSOCIATION OF BRITISH CLIMBING WALLS

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. ☐   Post Code: ☐

Occupation ☐   E-mail address ☐

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

Conditions of Registration

Once you and your child have read the **Conditions of Use and Rules of the climbing centre**, you must answer the following questions in the box provided by writing either YES or NO then sign the declaration at the bottom of the form. If your child has been signed off as able to use the centre unsupervised then you should be aware that this does not exclude them from the usual dangers posed within the centre

Is your child over 14 and under 18 years of age? ☐

Have you and your child read and understood the Conditions of Use and Rules of the centre? ☐

Do you and your child understand that the matting under the walls does not Guarantee Your Safety? ☐

Do you and your child understand that failure to exercise due care could result in your injury or death? ☐

Do you and your child have any questions regarding the application of the Conditions of Use or the Rules? ☐

Do you and your child agree to abide by the Rules of the climbing centre? ☐

Declaration of fitness

I certify that to the best of my knowledge, that this child does not suffer from a medical condition which might have the effect of making it more likely that they will be involved in an accident which could result in injury to themselves or others.

Declaration of fact

I also confirm that the above information is correct and if any information changes I will notify the centre:

Permission

I give permission and consent for the above named child to use "The Cube" whilst under the supervision of a "The Cube" coach or under the supervision of the following registered climber(s)
Name .... Number...................

Signature ☐   Date ☐

THIS PART TO BE FILLED IN BY RECEPTION STAFF

CENTRE INDUCTION YES / NO INDUCTED BY: **INDUCTION DATE:**

Registration Number ☐   Registration Type ☐

Amount Paid for Registration £ ☐   Have you read out the User Guidelines? ☐

Signature ☐   Date ☐