

## **Registration Form**





## **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."

## <u>Personal Details</u> Please complete the form in **BLOCK CAPITALS**.

Title	First Name			Surname		
Male / Femal	e	Address				
Date of Birth						
Evening Tel.	No.					
Daytime Tel. No.		Post Code:				
Occupation			E-mail address			
How did you Centre?	hear about Birmingl	ham Boulder	ing			

## **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?	
Ale you over to years of age?	

Have you read and understood the Bouldering only Conditions of Use and Rules of the centre?

Do you understand that the matting under the bouldering walls cannot remove the risk of injury?

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 Bouldering Conditions of Use or the Rules?

Do you agree to abide by the Rules Birmingham Bouldering centre?

Declaration of fitnessI certify that to the best of my knowledge, I do not suffer from a medical<br/>condition which might have the effect of making it more likely that I be<br/>involved in an accident which could result in injury to myself or others.Declaration of factI also confirm that the above information is correct and if any information<br/>changes I will notify the centre:

Signature	Date				
THIS PART TO BE FILLED IN BY RECEPTION STAFF   Registration Number Registration Type   Amount Paid for Registration Image: Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2"Colspan="2">Colspan="2"Colspan="2					
Signature	Date				