

**UNDER 18'S REGISTRATION FORM**  
**For Climbing at CENTRES RUN BY CLIMBING CENTRE GROUP LTD**

**This Form must be filled out by the PARENT or GUARDIAN of the named child.  
Please fill in ALL sections of this form in BLOCK CAPITALS.**

Full Name of Child		Male / Female
Date of Birth	Phone No.	
Address		Postcode

Emergency Contact Person 1	Phone No.
Relationship to Named Child	
Emergency Contact Person 2	Phone No.
Relationship to Named Child	

**Medical Information**

Does your child suffer from any medical condition that might make it more likely that they will be involved in an accident which could cause harm to themselves or others? (i.e. asthma, epilepsy, diabetes, heart problems, allergies etc.) Please state condition and any medication required. Please answer **NO** if they have no medical conditions.

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Are there any reasons why your child should not participate in physical exercise?

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**Your child undertakes exercise at their own risk. If they feel any pain, dizziness or other physical symptoms they should stop exercising and inform their instructor immediately. The Climbing Centre and it's staff accept no liability unless negligence can be proven.**

**By signing this form, you agree to the following statements:**

- I have had the activities of The Climbing Centre explained to me and agree to my son/daughter taking part in these activities.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
- I consent to my child undergoing First Aid treatment from a member of The Climbing Centre staff holding a First Aid Certificate if required.
- I confirm that my son/daughter is not subject to any court order prohibiting publication of their image.
- I agree to drop off and pick up my child at the agreed time and place
- I understand the The Climbing Centre accepts no responsibility for loss, damage, or injury caused by or during attendance on any of the activities except where such loss, damage or injury can be shown to result directly from the negligence of The Climbing Centre staff.
- I am aware that climbing is a physical activity and can certify to the best of my knowledge that my child does not suffer from a medical condition or ailment that will put them or anyone else at risk.
- I have reads the Terms and Conditions and I understand and accept them.
- I accept that climbing is a hazardous acitivity with an element of risk.

**SIGNED** \_\_\_\_\_ **PRINT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**WHAT IS YOUR RELATIONSHIP TO THE NAMED CHILD?** \_\_\_\_\_

**THIS PART TO BE FILLED IN BY RECEPTION STAFF**

<b>STAFF SIGNATURE</b>		<b>DATE</b>	
<b>FORM SIGNED AT (CENTRE)</b>			

**THIS FORM DOES NOT ALLOW THE NAMED PERSON TO CLIMB WITHOUT THE SUPERVISION OF A COMPETENT ADULT CLIMBER.**