



Registration Form

Under 18 – Supervised

“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,

Adventurous activities are physical and demanding sports, which obviously have inherent hazards associated with them. Whilst The Barn Climbing Centre takes all necessary precautions to try and ensure the safety of all participants, unfortunately accidents may occur. Participation in any such activities will require a degree of personal responsibility and maturity to be shown at all times and any instructions given by The Barn Climbing Centre Staff must be adhered to at all times. Although these activities are potentially hazardous, an instructor who holds the relevant experience, awards or qualifications will lead these activities and will maintain a high level of safety. Furthermore, it is understood and agreed that individuals participate at their own risk.

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: | | | |

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|-----------------|--|
| Medical: | Please give full details of any illness or medical conditions that may effect participation 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. |
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| | | | |
|-----------------------|--|------------------------|--|
| Doctor's Name: | | Contact Number: | |
|-----------------------|--|------------------------|--|

| | |
|-----------------|--|
| Address: | |
|-----------------|--|

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|-------------------|--|
| Treatment: | I agree for (child's name) to receive emergency medical treatment, including anaesthetic considered necessary by medical authorities. |
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| Signed: | |
|----------------|-------|

I have read and agree to all of the above and I agree for my child to participate in adventurous activities at The Barn Climbing Centre.

Parent/ Guardian Full Name:

Parent/ Guardian Signature:

Emergency Contact Number: **Date:**

During these activities photos may be taken for publicity purposes (e.g. Websites, posters, leaflets.) If you have no objection for your child to be included in these photographs, please sign below.

Parent/ Guardian Signature: **Date:**