



ST Albans Church
Athol St
Off Great Howard St
Liverpool
L5 9XT

UNDER 18'S

AWESOME WALLS CLIMBING CENTRES LTD

The Engine House,
Pear Mill,
Stockport Road West
Lower Bredbury, Stockport
SK6 2BP



BMC 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."



thebmc.co.uk

The registered participant is entitled to climb at any climbing centre operating under
'Awesome Walls Climbing Centre Ltd'

Please notify us of any changes to these details.

Child's First Name

Child's Last Name

Child's Date of Birth

Male Female

Child's Address

 Post Code

Email best address for newsletter ect.

Guardian / Emergency contact 1.

Guardian / Emergency contact 2.

First Name
Surname
Mobile No.
Landline No.

First Name
Surname
Mobile No.
Landline No.

Conditions of Registration

Once you have read the **Conditions of use and Rules** of the climbing centre, you must answer the following questions by writing "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.

Have you / your child received, understood and agreed to abide by the Conditions of Use and Rules of the centre?

Can you / your child correctly fit and fasten a harness?

Can you / your child attach a rope to your harness using a figure of eight knot?

Can you / your child belay using a recognised belay device?

Do you / your child require instruction in any of the above techniques?

I _____ (Full name) will take full responsibility for the named person on this form.

I am competent to do this. Signature: _____ Membership no:

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

Do you have any questions regarding the application of the Conditions of Use or the Rules?

Declaration of Fitness

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

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

Membership Number

Have you asked a sample question?

Registration type: Under 16 Student Adult

Staff name

Logged date

This information will be held on an electronic database and will not be passed on to any third parties.