

SUPERVISED JUNIOR CLIMBER REGISTRATION FORM

To be used for ALL young people under 18yrs being supervised by instructors
PLEASE FILL OUT NEATLY USING BLOCK CAPITALS

Young Persons Details

Forename(s): _____ Surname: _____

Date of Birth: _____

Address: _____

Mile End Climbing Wall

Postcode: _____

Emergency Contact Names & Numbers

Contact Name _____

Mobile _____

Home _____

Other _____

As the legal parent/guardian of the above named child please write the word YES in the box below if you have read, understood and accept the information and warnings printed opposite.

Print Name: _____

Signature: _____

Date: _____

IMPORTANT INFORMATION FOR PARENTS AND GUARDIANS

The British Mountaineering Council issues the following advice to those participating in any climbing activity:

Climbing is an activity with a risk of personal injury or death.

As the Parent or Guardian of the person named on this form you must indicate that you understand and accept that your child/ward will be exposed to these risks whilst engaged in climbing activities.

Do not use any Mile End Climbing Wall facilities if you are unwilling for your child/ward to be exposed to these risks.

Mile End Climbing Wall will provide appropriate supervision and conform to Governing Body recommendations; however the nature of these activities means that your child/ward may not be under direct supervision at all times whilst engaged in climbing activities.

You should read and discuss the Centre Guidelines with your child/ward.

Staff Member

Reg Number

Junior Climber Medical Emergency Consent Form

Please read carefully and complete the form below

So far as I am aware my child/ward is in good health.

I will inform Mile End Climbing Wall staff if she/he has been in contact with any infectious disease; or if a medical practitioner advises that she/he has developed any condition that could affect their taking part in any physical activity.

Any medical conditions, weaknesses or disabilities (such as asthma, diabetes, epilepsy etc.) that may affect the health of my child are described below.

If my child/ward should be taken ill or become injured during an activity and a surgical operation or serum injection be necessary I authorise the Mile End Climbing Wall staff member in charge to sign on my behalf, if any delay in obtaining my signature were; in the opinion of the attending medical professional, considered to endanger the health or safety of my child/ward.

Signature of Parent/Guardian _____ Date _____

Print Name _____ Relationship to child _____

EMERGENCY CONTACT DETAILS (if parent/guardian are unavailable)

Name _____ Relationship to member _____

Address _____ Landline contact no _____

_____ Mobile contact no _____

Doctors Name _____ Doctors Phone Number _____

Doctors Address _____

Medical History / Details _____
