



REGISTRATION FORM

Unsupervised Climbing at Morpeth Bouldering Wall

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.”

If you are under 18 years of age **DO NOT** fill in this form! Please ask at Reception for the correct form.

Personal Details Please complete the form in **BLOCK CAPITALS**.

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Male / Female	<input type="text"/>	Address	<input style="width: 100%; height: 100%;" type="text"/>		
Date of Birth	<input type="text"/>				
Evening Tel. No.	<input type="text"/>				
Daytime Tel. No.	<input type="text"/>				
E-mail address	<input type="text"/>		Post Code:		

How did you hear about Morpeth Bouldering Wall		
Person to be contacted in case of an emergency		
Name		
Address		Post Code
Telephone - Mobile	Telephone - Home	

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 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?	<input type="text"/>
Have you read and understood the Conditions of Use and Rules of the centre?	<input type="text"/>
Do you understand that the matting beneath the walls does not guarantee your safety?	<input type="text"/>
Do you understand that failure to exercise due care could result in your injury or death?	<input type="text"/>
Do you have any questions regarding the application of the Conditions of Use or the Rules?	<input type="text"/>
Do you agree to abide by the Rules of the climbing centre?	<input type="text"/>

Declaration of fitness

I certify that to the best of my knowledge, I do not suffer from a medical condition which might have the effect of making it more likely that I be involved in an accident which could result in injury to myself or others.

Declaration of fact

I also confirm that the above information is correct and if any information changes I will notify the centre:

Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>
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THIS PART TO BE FILLED IN BY RECEPTION STAFF

Registration Number <input style="width: 90%;" type="text"/>	Registration Type <input style="width: 90%;" type="text"/>
Has the above name become a member <input style="width: 50px;" type="text"/> £	Have you asked a sample question? <input style="width: 50px;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>