



REGISTRATION FORM

Unsupervised Climbing at ROKT Climbing Gym



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.”

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

Title First Name Surname

Male / Female Address

Date of Birth

Evening Tel. No.

Mobile Tel. No.

Occupation E-mail address

Post Code:

How did you hear about [*ROKT Climbing Gym*] ?

Conditions of Registration

Tick this box if you do NOT wish to receive information from ROKT via email

Tick this box if you do NOT wish to receive information from ROKT via SMS

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

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?

Have you read and understood the Conditions of Use and Rules of the centre?

* Can you put on a climbing harness correctly? (1).....

* Can you attach a rope to your harness using a suitable climbing knot? (2).....

* Can you use a belay device to secure a falling climber and lower a climber from the wall? (3)..

Do you require instruction in any of the above three techniques (marked *)?

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

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

Do you agree to abide by the Rules of the climbing centre?

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 Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Competency check carried out by 1 Y/N 2 Y/N 3 Y/N

Registration Number Registration Type

Amount Paid for Registration £ Have you asked a sample question?

Signature Date