

## REGISTRATION FORM FOR UNSUPERVISED CLIMBING AT CALSHOT ACTIVITIES CENTRE

### 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

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>
Male / Female	<input type="text"/>	Address	<input type="text"/>		
Date of Birth	<input type="text"/>	<input type="text"/>			
Home Tel. No.	<input type="text"/>	<input type="text"/>			
Mobile Tel. No.	<input type="text"/>	Post Code: <input type="text"/>			
Occupation	<input type="text"/>	E-mail address	<input type="text"/>		

Tick here if you wish to receive our e-mail news letter

### Conditions of Registration

**Warning ! Failure to complete this section honestly could endanger your life**

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? .....	<input type="text"/>	Please write YES or NO
Have you read and understood the Conditions of Use and Rules of the centre? .....	<input type="text"/>	
* Can you put on a climbing harness correctly? .....	<input type="text"/>	
* Can you attach a rope to your harness using a suitable climbing knot? .....	<input type="text"/>	
* Can you use a belay device to secure a falling climber and lower a climber from the wall? .....	<input type="text"/>	
Do you require instruction in any of the above three techniques (marked *)? .....	<input type="text"/>	
Do you understand the matting under the bouldering walls cannot remove the risk of injury?	<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 type="text"/>	Date	<input type="text"/>
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 (Some information on this form will be electronically processed in accordance with the Data Protection Act 1998)

**INITIAL INPUT ON TO SYSTEM**

Concession	<input type="text" value="Yes / No"/>	Reason	<input type="text" value="Student / Wessex / Romsey"/>	Expiry date	<input type="text"/>
Basic details added to system		<input type="text" value="Yes / No"/>	Assigned annual membership		<input type="text" value="Yes / No"/>
Card issued		<input type="text" value="Yes / No"/>			
<b>ASSESSMENT TO BE COMPLETED BY WALL SUPERVISOR</b>					
Registration form Checked & Satisfactory				<input type="text" value="Yes / No"/>	Score
Climbing History	How Long	Frequency	Type	<input type="text" value="I / O / L / T"/>	<input type="text" value="1 / 2 / 3"/>
	Harness	Make	Buckling system	<input type="text" value="DB / SL"/> Other:-	<input type="text" value="1 / 2 / 3"/>
Knots	<input type="text" value="Fig 8"/>	<input type="text" value="Bowline"/>	Other:-		<input type="text" value="1 / 2 / 3"/>
	Belaying	Device used			<input type="text" value="1 / 2 / 3"/>
Practice belay satisfactory:-		<input type="text" value="Yes/No"/>	Simulated fall held :- <input type="text" value="Yes/No"/>		
Conditions of use / Rules	Question asked <input type="text" value="1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10"/>				<input type="text" value="1 / 2 / 3"/>
	Supervisory Knowledge	Question asked <input type="text" value="1 / 2 / 3 / 4 / 5"/>			<input type="text" value="1 / 2 / 3"/>
				<b>Total</b>	<input type="text"/>
Outcome	<input type="text" value="None"/>	<input type="text" value="Individual (non supervisory)"/>		<input type="text" value="Full (supervisory)"/>	
Induction completed	<input type="text" value="Yes / No"/>		Assessed by <input type="text"/>		
Comments					
<b>RENEWALS</b>	Already on System	<input type="text" value="Yes / No"/>	All details correct/updated		<input type="text" value="Yes / No"/>
Membership type	<input type="text" value="Individual (non supervisory)"/>		<input type="text" value="Full (supervisory)"/>		<input type="text" value="Upgrade (requires reassessment)"/>
Registration form Checked & Satisfactory		<input type="text" value="Yes / No"/>	Old membership Number		<input type="text"/>
		If required	From old style cards only		
Date		<input type="text"/>	Signed		<input type="text"/>
<b>NEW MEMBERS</b>	Registration form Checked & Satisfactory		<input type="text" value="Yes / No"/>		
Assessment form Checked & Satisfactory		<input type="text" value="Yes / No"/>			
Membership type	<input type="text" value="Individual (non supervisory)"/>		<input type="text" value="Full (supervisory)"/>		<input type="text" value="Visitor"/>
Date		<input type="text"/>	Signed <input type="text"/>		
<b>FINAL INPUT ON TO SYSTEM</b>					
Full address/phone No's./Email on system		<input type="text" value="Yes / No"/>	Price level checked		<input type="text" value="Yes / No"/>
Status checked	<input type="text" value="Yes / No"/>	User fields checked		<input type="text" value="Yes / No"/>	Preferences checked <input type="text" value="Yes / No"/>
Annual membership subscription checked		<input type="text" value="Yes / No"/>	Assessment subscription checked		<input type="text" value="Yes / No"/>