

### 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 <input type="checkbox"/>					

### Conditions of Registration

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

Unless you are 16 or 17 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 16 or 17 years of age? .....	<input type="text"/>
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"/>

Please write YES or NO

**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

**Parental Declaration** I have read the BMC participation statement and the attached conditions of use and parental information. I understand that the above applicant will be unsupervised and is responsible for their own safety. I believe the above applicant has completed the above form truthfully and fully understands the risks involved.

Signature  Date

Relationship to applicant

 (Some information on this form will be electronically processed in accordance with the Data Protection Act 1998)

## INITIAL INPUT ON TO SYSTEM

Parental Consent checked

Basic details added to system

Assigned annual membership

Card issued

## ASSESSMENT TO BE COMPLETED BY WALL SUPERVISOR

Registration form Checked & Satisfactory

Score

Climbing History 

How Long	Frequency	Type I / O / L / T	1 / 2 / 3
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Harness 

Make	Buckling system DB / SL	Other:-	1 / 2 / 3
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Knots 

Fig 8	Bowline	Other:-	1 / 2 / 3
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Belaying 

Device used			1 / 2 / 3
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Practice belay satisfactory:- Yes/No	Simulated fall held :- Yes/No
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Conditions of use / Rules 

Question asked 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10	1 / 2 / 3
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Supervisory Knowledge 

Question asked 1 / 2 / 3 / 4 / 5	1 / 2 / 3
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Total

Outcome 

<input type="text" value="None"/>	<input type="text" value="Youth"/>	<input type="text" value="Equivalent to Full (supervisory)"/>
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Induction completed  Assessed by

Comments

**RENEWALS** Already on System

All details correct/updated

Membership type

Registration form Checked & Satisfactory

Old membership Number   
From old style cards only

Date

Signed

**NEW MEMBERS** Registration form Checked & Satisfactory

Assessment form Checked & Satisfactory

Membership type

Date

Signed

## FINAL INPUT ON TO SYSTEM

Full address/phone No's./Email on system  Price level checked

Status checked  User fields checked  Preferences checked

Annual membership subscription checked  Assessment subscription checked

Parental consent Subscription and user field checked  'Assessment check' reception message added