

REGISTRATION FORM UNSUPERVISED CLIMBING

Participation Statement

“The Mountaineering Council of Scotland 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"/>			
Evening Tel. No.	<input type="text"/>	<input type="text"/>			
Daytime Tel. No.	<input type="text"/>	Post Code: <input type="text"/>			
Occupation	<input type="text"/>	E-mail address	<input type="text"/>		
How did you hear about Transition Extreme?	<input type="text"/>				
Emergency contact telephone number	<input type="text"/>	or	<input type="text"/>		

Conditions of Registration

If you are under 18 years of age **Do Not** fill in this form! Please ask at Reception for the right form.

Once you have read the **Conditions of Use** 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="checkbox"/>
Have you read and understood the Conditions of Use and Rules of the centre?	<input type="checkbox"/>
* Can you put on a sit harness correctly?	<input type="checkbox"/>
* Can you attach a rope to your harness using a suitable climbing knot?	<input type="checkbox"/>
* Can you use a belay device to secure a falling climber?	<input type="checkbox"/>
Do you understand that failure to use equipment correctly may result in injury or death?	<input type="checkbox"/>
Do you require instruction in any of the above techniques (marked *)?	<input type="checkbox"/>
Do you have any queries regarding the application of the Conditions of Use or the Rules?	<input type="checkbox"/>
Do you agree to abide by the Rules of the climbing centre?	<input type="checkbox"/>

	SIGN	
	YES	NO
PHOTOGRAPHY		
I consent to Transition Extreme taking and using photography within the building for promotional purposes.		

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 confirm that the above information is correct and confirm that I have read, understand and accept the MCofS participation statement above:

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: 20%;" type="text"/> DAY <input style="width: 20%;" type="text"/> ANNUAL
Amount Paid for Registration <input style="width: 40%;" type="text"/> £ <input style="width: 10%;" type="text"/>	Have you asked a sample question? <input style="width: 80%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>



TRANSITION

EXTREME

SPORTS LIMITED



REGISTRATION FORM

UNSUPERVISED CLIMBING