

PARENTAL CONSENT FORM

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"/>		

<u>Parent/Guardian Declaration</u>		Answer “Yes” or “No”	
		Yes	No
	I have read the MCofS ‘Participation Statement’ above and understand and accept that climbing is a dangerous activity. I accept that neither the operating company “Transition Extreme” nor its employees shall be liable for any loss or injury arising from my participation in any activities. Nothing within the terms of consent shall affect my statutory rights.		
	I have expressed these conditions and rules to the named Junior and they understand their responsibilities whilst within Transition Extreme and taking part in any Climbing activities.		
	If attending a course or club I agree to ensure the named Junior shall behave responsibly and safely and that any deviation from safe behaviour will result in exclusion from certain activities if their own personal/ or others safety are in danger.		
PHOTOGRAPHY			
	I consent to Transition Extreme taking and using photography of the named Junior within the building for promotional purposes.		

Declaration of fitness

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

Please state any known medical conditions: _____

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

Junior's Registration Number <input style="width: 90%;" type="text"/>	If Registration has the junior been inducted? <input type="checkbox"/>
Signature <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>