



COURSE REGISTRATION FORM: SUPERVISED 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

First Name:	<input type="text"/>	Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of Birth:	<input type="text"/>		<input type="text"/>
Home tel:	<input type="text"/>		<input type="text"/>
Mobile tel:	<input type="text"/>	Postcode:	<input type="text"/>
Email:	<input type="text"/>		
Emergency contact name:	<input type="text"/>	Emergency phone:	<input type="text"/>

IF under 16

A responsible parent or guardian must fill out the parental consent form (overleaf) at the time of application to the course/club.

Acceptance of Conditions

I have read and understood the Transition Extreme Guidelines and agree to adhere to them. I also accept the MCoFS ‘Participation Statement’ and that climbing activities can be dangerous. This also applies to any injury/loss that may happen through no fault of the operating Company “Transition Extreme” or its employees and that they are not liable.

Declaration of understanding: I accept that neither the operating company nor its employees shall be liable for any loss or injury arising from my participation in activities at Transition Extreme and that nothing within the terms of this shall affect any statutory rights.

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 if any information changes I will notify the centre.

Signature

Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Registration Number

Course Type

Amount Paid

£

Dates of Course:

to

Signature

Date

Terms and Conditions Apply

PARENTAL CONSENT FORM

Participation Statement

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Personal Details

Under 16's Details

First Name:	<input type="text"/>	Address:	<input type="text"/>
Surname:	<input type="text"/>		<input type="text"/>
Male:	<input type="checkbox"/>	Female:	<input type="checkbox"/>
Date of Birth:	<input type="text"/>		<input type="text"/>
Home tel:	<input type="text"/>	Postcode:	<input type="text"/>

Parent/Guardian's Details

Emergency contact name:	<input type="text"/>	Emergency phone 1:	<input type="text"/>
Relationship to child:	<input type="text"/>	Emergency phone 2:	<input type="text"/>

Medical information:

Does your child suffer from any medical condition that might make it more likely that they will be involved in an accident which could cause harm to themselves or others? Please state condition and medication required. (i.e. asthma, epilepsy, diabetes, heart problems, allergies etc.) Answer 'NO' if they have no medical conditions.

By signing this form you agree to the following statements:

Your child should notify centre staff if they feel uncomfortable or unwell whilst taking part in activities (i.e. pain, dizziness or other symptoms).

Children are expected to participate and behave safely and in accordance with the rules and guidelines as well as abiding by the centre staff.

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 read and understood the conditions of use and rules of the climbing centre.

I have expressed these conditions and rules to the named child/under 18 and they understand their responsibilities and the risks whilst within Transition Extreme and taking part in any Climbing activities.

I certify that to the best of my knowledge that my son/daughter does not suffer from any other medical condition other than that listed above.

I am aware of the dangers involved in climbing related activities and that there is an element of risk involved.

I agree that if my son/daughter is under 8 years of age I shall not leave the centre and therefore be available at any point during their activity session.

I consent to my child undergoing First Aid treatment from a member of staff holding a valid First Aid certificate.

I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.

I understand that climbing and its related disciplines are inherently dangerous and therefore contain an element of risk.

I confirm that the above information is correct and if that any information changes I will notify the centre.

PHOTOGRAPHY		YES or NO	
I consent to Transition Extreme taking and using photography of the named child within the building for promotional purposes.			
Parents Signature	<input type="text"/>	Date	<input type="text"/>