



JUNIOR REGISTRATION FORM 14 – 17YRS BOTTOM ROPING & BOULDERING

THIS REGISTRATION DOES NOT ALLOW LEAD CLIMBING OR LEAD BELAYING

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"/>			
E-mail address	<input type="text"/>				

ANSWER YES OR NO

- Are you between the age of 14 and 17?
- Have you read and understood the Conditions of Use and Rules of the centre?
- * Can you put on a climbing harness correctly?
- * Can you attach a rope to your harness using a suitable climbing knot (as defined in the Conditions of Use?)
- * Can you use a recognised belay device to secure a falling climber?
- Do you understand that failure to use equipment correctly or exercise due care may result in injury or death?
- Do you require instruction in any of the above techniques (marked *)?
- Do you have any queries regarding the application of the Conditions of Use or the Rules?
- Do you agree to abide by the Rules of the climbing centre?
- Do you understand that the matting provided under the walls does not prevent injuries and that broken and sprained limbs are potential injuries despite the matting?
- Do you understand and accept the MCoFS participation statement above?
- Is your parent/guardian aware of this application for registration and the risks involved?

Declaration of fitness/competence

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.

- I accept that in answering no to questions 3, 4 or 5 I am not permitted to climb in the Transition Extreme Climbing Centre unless I seek instruction from a qualified instructor or am signed in as a novice by a registered adult.
- I accept that if I am competent to, and wish to lead climb or lead belay I will undertake the lead climbing & lead belaying registration and book a ‘competence demonstration’ with Transition Extreme before taking part in any lead climbing activities including lead belaying.

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 type="text"/>	Date	<input type="text"/>
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THIS PART TO BE FILLED IN BY QUALIFIED STAFF

Registration Number	<input type="text"/>	Registration Type	<input type="text" value="DAY"/>	<input type="text" value="ANNUAL"/>
I (Instructor Name)	<input type="text"/>	Verify that the above is correct and have seen a demonstration of the skills mentioned (Q3,4,5) by means of “Competency check” induction?	Added to system?	<input type="text"/>
Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>

PARENTAL CONSENT FOR JUNIOR REGISTRATION

Personal Details

This section **MUST** be completed by a parent or guardian or the registration shall be invalid.

Parent/Guardian's Details

First Name:	<input style="width: 95%;" type="text"/>	Address:	<input style="width: 95%;" type="text"/>
Surname:	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>
Home tel:	<input style="width: 95%;" type="text"/>	Postcode:	<input style="width: 95%;" type="text"/>
Relationship to child:	<input style="width: 95%;" type="text"/>	Emergency phone 1:	<input style="width: 95%;" type="text"/>
		Emergency phone 2:	<input style="width: 95%;" 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:

I am aware of the Junior Registration process and that if successful will allow the named Junior to take part in climbing activities unsupervised in Transition Extreme.

I understand and have ensured the named junior is aware that they must not take part in any lead climbing or lead belaying activities until they complete the Lead Climbing & Lead belaying registration process.

If the named Junior is aged 14 or 15 at the time of application I have visited the centre and familiarised myself with the activities involved.

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

	YES or NO
PHOTOGRAPHY	
I consent to Transition Extreme taking and using photography of the named child within the building for promotional purposes.	<input style="width: 95%;" type="checkbox"/>

Parents Signature

Date

THIS PART TO BE FILLED IN BY RECEPTION STAFF

Junior's Registration Number

Added to system?

Signature

Date