Malton Community Climbing wall
PARENTAL CONSENT FORM for Age 8-17yrs

This form must be completed by a parent or guardian if participating in climbing activities with Malton Sports Centre and under 18 years of age.

MAL22

DATE OF COURSE……

PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

FULL NAME OF PARTICIPANT:

Participant Details

DATE OF BIRTH: TELEPHONE NUMBER:

ADDRESS OF PARTICIPANT POSTCODE:

FULL NAME OF PARENT/ GUARDIAN:

ADDRESS OF PARENT/GUARDIAN: POSTCODE:

NAME OF GP (if available): PHONE NUMBER:

DETAILS OF ANY SPECIAL MEDICAL CONDITIONS OR ALLERGIES, INCLUDING CURRENT MEDICATION (and its location):

I have ensured that the participant understands the information for his/her safety and for the safety of the group that any rules and instructions given by staff are obeyed.

I agree to the participant/self receiving emergency medical treatment if necessary. I understand that the party leaders will do their best to contact me prior to such treatment.

I understand that arrangements for the care, supervision and discipline will be in accordance with the normal policies and practice at Malton Sports Centre. I agree to *reinforce the need for the participant to* follow the centre's code of behaviour.

I confirm that the participant is in good health and I consider him/her fit to participate and agree to inform the staff if there are any changes to the above information.

I understand that whilst every reasonable care will be taken, the Centre and its staff cannot be held responsible for damage to or loss of property whilst taking part in this activity.

My attention has been drawn to the desirability of arranging insurance in respect of personal accident cover.

SIGNED ..... **Parent/Guardian** if under 18/**Participant** if over 18

Date .....

I understand that for the groups and my own safety, I will undertake to obey the rules and instructions of members of staff

Signature of Participant ……