|  |  |  |
| --- | --- | --- |
|  | Junior Registration Form **Inverurie Bouldering Wall** |  |

# Participation Statement

“Mountaineering 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 |  | |  | | | | First Name | | | |  | | | | | | | | | | | Surname | | | | |  | | | | |
|  | | | |  | | | | | |  | | | | | | | | |  | | | |  | | | | |  | | |  |
| Male / Female | | | | |  | | | | |  | | | | | | Address | | | |  | | | |  | | | | |  | | |
|  | |  | | | | | |  | | | | |  | | | | | | |  | | | |  | | | | |  | | |
| Date of Birth | | | | |  | | | | | | | | | | |  | | | |  | | | |  | | | | |  | | |
|  | | | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |
| Evening Tel. No. | | | | | | | |  | | | | | | | | | |  | |  | | | |  | | | | |  | | |
|  | | | |  | | | | | | | | | |  | | |  | | |  | | | | |  | | | | |  | |
| Daytime Tel. No. | | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | Post Code: | | |  |
|  | | | | | | | | |  |  | | | | | | | | | | |  | |  | | | | |  | | |  |
| E-mail address | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |

**ANSWER YES OR NO**

|  |  |
| --- | --- |
|  |  |
| 1. Are you between the age of 14 and 17? .................................................................................... |  |
|  |  |
| 1. Have you read and understood the Conditions of Use and Rules of the centre? ....................... |  |
|  |  |
|  |  |
|  |  |
|  |  |
| 1. Do you understand that failure to use the wall correctly or exercise due care may result in injury or death? ................................................................................................................................ |  |
|  |  |
|  |  |
| 1. Do you have any queries regarding the application of the Conditions of Use or the Rules? ....... |  |
|  |  |
| 1. Do you agree to abide by the Rules of the bouldering centre? ........................................……….... |  |
|  |  |
| 1. Do you understand that the matting provided under the walls does not prevent injuries and that broken and sprained limbs are potential injures despite the matting? ..............................…….. |  |
|  |  |
| 1. Do you understand and accept the Mountaineering Scotland participation statement above? ................................ |  |
|  |  |
| 1. Is your parent/guardian aware of this application for registration and the risks involved? ......... |  |
| 1. Do you understand that your ability to climb on a bouldering wall does not imply competency in any natural rock environment? |  |

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, 5 or 8 I am not permitted to climb in the Inverurie Bouldering Wall unless I seek instruction from a qualified instructor or am accompanied by an adult.
* Under 14’s must be always accompanied by an adult over the age of 18 during public sessions.

**Declaration of fact**

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Date |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| THIS PART TO BE FILLED IN BY STAFF | | | | | | | |  |
| I (Staff Name) |  | |  | | | Added to system? |  | |
| Signature |  | Date | |  |  | | | |

**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: |  | | |  |  |  |  | Address: |  |  | | |  |  |
|  |  | | |  |  |  |  |  |  |  | | |  |  |
| Surname: |  | | |  |  |  |  |  |  |  | | |  |  |
|  |  | | |  |  |  |  |  |  |  | | |  |  |
| Home tel: |  | | |  |  |  |  | Postcode: |  |  | | |  |  |
|  |  | | |  |  |  |  |  |  |  | | |  |  |
| Relationship to child: | |  | | | |  |  | Emergency phone 1: | |  | | |  |  |
|  | | |  |  |  |  |  |  | | |  |  |  |  |
|  | | |  |  |  |  |  | Emergency phone 2: | |  | | |  |  |

**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 Bouldering (un-roped climbing) unsupervised at the Inverurie Bouldering Wall, if aged 14 or over. Children under the age of 14 must be supervised by an accompanying adult.

If the named junior is under 14 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 Mountaineering Scotland ‘Participation Statement’ above and understand and accept that Bouldering (un-roped climbing) is a dangerous activity. I accept that neither the operating company 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 bouldering centre.

I have expressed these conditions and rules to the named child/under 18 and they understand their responsibilities and the risks whilst within Inverurie Community Campus and taking part in any bouldering 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 Bouldering (climbing un-roped) 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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | | | |  | |
|  | **PHOTOGRAPHY** | | | | YES or NO | |
|  | I consent to Inverurie Bouldering Wall taking and using photography of the named child within the building for promotional purposes. | | | |  | |
| Signature | |  | Date |  | |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | THIS PART TO BE FILLED IN BY RECEPTION STAFF | | | | | | | |  |
|  | Gladstone Reference | |  | |  | | |  |  |
|  |  | | |  |  | | |  |  |
|  |  | | |  |  | |  | |  |
|  | Signature |  | | | Date |  |  | | |
|  |  | | |  |  | |  | |  |

**Junior Registration Competency check**

Junior Name:

Participant requirement:

1. Confirm that the user has read and understood the Rules and Conditions for public use for Inverurie Climbing Wall and basic safety understanding.
2. Confirm that the user is aware of Bouldering Problems and increase in grading.

Please watch the following safety video: <https://youtu.be/-GysMOXHb7o>

(ABC Bouldering safety video)

Staff authorisation:

Demonstrated correctly and any questions answered sufficiently (sign for approval or write ‘NO’ for fail):

I (staff name) hereby accept that the named junior has answered the questions above and demonstrated the required activities safely and efficiently to the required standard. They are therefore suitable to climb unsupervised at the Inverurie Bouldering Wall

Signed: Date: