

HOTROCK CLIMBING WALL

INDEPENDENT YOUTH MEMBERSHIP FORM

Participation Statement: "... 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."

Personal Details

Parent/Guardian please complete the form in BLOCK CAPITALS, it is your duty to inform us of any changes to these details.

Parent/Guardian Details

First Name _____ Last Name _____ D.O.B _____ / ____ / ____

Male Female

Address _____

Post Code _____

Tel No _____ Mobile No _____

Email _____

Emergency Contact 1 _____ Emergency Contact 2 _____

Young Climbers Details

Young Person's Name _____ D.O.B. ____ / ____ / ____ M F

I have been climbing for years.

Are you a current climbing club member? If so which one?

Condition of registration

Once you have read the [Rules and Regulations](#) of the Hotrock Climbing wall, **both parent and youth member** must answer the following questions by writing YES or NO in the box provided and then sign the declaration at the bottom of the form. Only climbers who give satisfactory answers to the questions and complete appropriate competency tests will be registered and allowed to climb unsupervised.

	Parent	Youth
Have you received, understood and agreed to abide by the Regulations and Procedures of the Hotrock Climbing wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you understand that failure to exercise due care could result in injury or death to you or another wall user?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you have any questions regarding the application of the Conditions of use or the Rules?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Declaration of Fitness

I certify that to the best of my knowledge, my son or daughter 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 others or themselves.

Declaration of Fact

I also confirm that the above information is correct and if any information changes I will notify the wall staff:

Parent/Guardian Signature: Date: / /

Youth Member Signature: Date: / /

This part to be filled in by Hotrock Climbing Wall/Tollymore National Outdoor Center staff.

Membership Number Has competency test been completed?

Registration Type: Boulder Bottom rope/Auto Belay Lead Climber

Staff Name: _____ Logged Date ____ / ____ / ____