# 

# IMPORTANT INFORMATION FOR PARTICIPANTS IN THE LIZARDS CLUB (9-12 years)

**Important Information to be considered**

* The Lizards Club climbing sessions will take place at Tollymore National Outdoor Centre.
* This programme aims to develop the skills of boys and girls aged 9-12 who have shown an interest and commitment to climbing and mountaineering.
* The Lizard Club sessions will generally take place on a Sunday evening. Participants are expected to attend all sessions and will each have their own logbooks which must be kept up to date.
* The Lizards Club will also run a summer camp which is likely to be held in August and all participants are encouraged to attend. (Venue to be decided). The summer camps provide selected young climbers the opportunity to consolidate their climbing and mountaineering skills under the watchful eye of Tollymore instructors.

**Desired criteria for Applicants**

* **Personal Progression -** Genuine desire to improve personal climbing and mountaineering performance
* **Work Ethic -** Willingness to put in the work needed to improve
* **Ability to be coached –** Respond positively to coaching feedback
* **Team Cohesion -** Able to build relationships with other participants

**Required Parental Support**

* Parents will be encouraged to communicate directly with Tollymore staff/instructors where necessary.
* Help young people to prepare for training and ensure punctuality.
* Assist with sessions where appropriate.

# APPLICATION FORM FOR THE LIZARDS CLUB

***NOTE:*** *This form should be completed in collaboration between the climber and the parent. Climbers and parents are encouraged to reflect on their motivation and commitment to be a part of the programme. Make sure you complete all sections and tell us all about yourself. The information you give us in this form will be used as part of the selection process for The Lizards Club Programme.*

**Closing date for return of completed application forms is:**

**12 noon on Wednesday, 31 August 2016**

Please complete the form below using **BLOCK CAPITALS**.

|  |  |
| --- | --- |
| **Section 1 -Personal Details** | |
| **Climbers Name** |  |
| **D.O.B** |  |
| **Parent/Guardians Name** |  |
| **Address** |  |
| **Email Address** |  |
| **Contact Number** | Home:  Mobile: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 2 - Personal Experience** | | | | |
| **Date started climbing** |  | | | |
| **How often do you climb?** | per week/month (delete as appropriate) | | | |
| **Number of Climbs** | **Indoor**  **Top Rope** | **Indoor**  **Lead** | **Outdoor**  **Top Rope** | **Outdoor**  **Lead** |
|  |  |  |  |
| **How often do you hill walk?** | per week/month (delete as appropriate) | | | |
| **Number of days hill walking/mountaineering** | per week/month (delete as appropriate) | | | |

**Give a brief summary of your climbing and mountaineering experience and tell us why you wish to be part of this programme. (Please feel free to use extra pages if required).**

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I declare that the information given is correct to the best of my knowledge.

Signature of Applicant: Date:

Print Name:

Signature of Parent/Guardian: Date:

Print Name:

**Please return completed application form to:**

**Kieran O’Hara**

**Head of Mountaineering**

**Tollymore National Outdoor Centre**

**32 Hilltown Road, Bryansford, Newcastle, Co Down, BT33 0PZ**