

PARENTAL CONSENT

PARENTAL CONSENT FORM - UNDER 18 Supervised Climbing at Redpoint Climbing Centre



Parent /Guardian consent for a minor to take part in activities at Redpoint Climbing Centre.
This form must be completed in **BLOCK CAPITALS**.

Participation Statement

“The British Mountaineering Council 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.

PARTICIPANT'S DETAILS

First Name	<input type="text"/>	Surname	<input type="text"/>			
Date of Birth	<input type="text"/>	Age	<input type="text"/>	Male / Female	<input type="text"/>	
Address	<input type="text"/>				Post Code	<input type="text"/>

PARENT OR GUARDIAN DETAILS

Title	<input type="text"/>	First Name	<input type="text"/>	Surname	<input type="text"/>	
Address if different from above	<input type="text"/>				Post Code	<input type="text"/>
Contact Telephone no.	<input type="text"/>					
If you are not the Parent, what is your relationship to the Participant ?	<input type="text"/>					
If you are not the Parent, do you certify that you have obtained permission to act 'In loco parentis' for the Participant ?	<input type="text"/>					

Acceptance of Risks

I have read and understood the BMC Participation Statement and I accept the risks and responsibilities on behalf of the Participant

Consent

I consent to the Under 18 named above taking part in activities at The Redpoint Climbing Centre,

Behaviour

I understand that in the interests of safety the participant must follow the instructions of the staff at all times. Failure to do so may result in the participant not being allowed to continue with the activity. If the session is stopped due to the behaviour of the participant, no refunds will be made.

Declaration of fitness

I certify that to the best of my knowledge that the under 18 named above does not suffer from any medical condition which might be affected by participation in activities at Redpoint Climbing Centre.

Details of any special needs, medical conditions, allergies or medication

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Declaration of fact

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

Signature	<input type="text"/>	Date	<input type="text"/>
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