

**16-17 Yrs**

**CLIMBING REGISTRATION  
For Young People**

**PARENTAL CONSENT FORM**

To Be Filled In By The Parent/Guardian Of The Young Person On The Opposite Page.

Name

Address

Date of Birth  Contact Telephone No.

**Conditions of Registration**

- You will not be registered and be allowed to climb at the centre unsupervised until you have completed the Competence Assessment successfully and your parent or guardian have completed the right hand part of this form.
- You are expected to follow the rules and 'Good Practice' specified by the climbing centre at all times. If you fail to do so your Registration may be withdrawn.

**Competence Assessment** - You will be required to demonstrate the following:

1. That you are familiar with the correct fitting of a sit harness.
2. You can attach a rope to your harness using a bowline or figure of eight knot.
3. That you can use a belay device attached to your harness to secure a falling climber.
4. Lead climbing, making proper use of the in-situ protection.
5. Awareness of the risks of climbing and understanding of the rules of the climbing centre. You will be asked questions relating to i) Bouldering ii) Top Roping iii) Leading iv) Rules and Good Practice.

**Please Note:** The Competence Assessment is not an assessment of your climbing ability nor your ability to climb in the outdoor environment. You will either be assessed as competent to lead, or top rope, or be deferred until you have gained more experience in the areas specified by the instructor. If you are only assessed as competent to top rope you must sign the declaration to say that you will not lead climb or belay a lead climber whilst in The Castle Climbing Centre.

**Declaration**

I have read and understood the Conditions of Use and the Rules of the climbing centre and I agree to abide by them.

Signature  Date

**TOP ROPING ONLY**

I agree to restrict my use of the climbing centre to bouldering and top roping. I will not attempt to lead climb or belay a lead climber without supervision from an adult who is registered with the centre.

Signature  Date

**Consent**

After successful completion of the Competence Assessment and if you give your consent by signing this form the young person will be allowed to climb in the centre completely unsupervised!

How old is the young person? .....

**Please answer the following questions by writing "YES" or "NO" in the box.**

Do you understand that participation in this activity could result in the injury or death of the young person involved? .....

Have you received your own copy of "Information for Parents, Guardians and Young People" and read and understood it? .....

Do you wish to ask any questions relating to the application of the 'Information' or the 'Conditions of Use' of the centre? .....

Do you consent to (Name of Young Person)  using the climbing centre without supervision? (YES or NO) .....

Name of Parent/Guardian  Signature

Relationship to young person  Date

**TO BE COMPLETED BY THE INSTRUCTOR**

Name of Instructor

I have conducted a Competence Assessment in accordance with items 1-5 on the opposite page and am satisfied with the performance of:

Name of Young Person  for the following activities:

[Instructor to sign in the appropriate box below].

Top Roping Only  Date

Lead Climbing  Date

**THIS PART TO BE FILLED IN BY THE RECEPTIONIST**

**Have you done the following? Write "YES", "NO" or "N/A" in the check boxes.**

Check young person's details and declaration are completed correctly. ....

Check age of young person. ....

Check parent/guardian consent. ....

If Top Roping Only then check additional declaration has been completed. ..

Registration Number

Signed  Date