



JUNIOR REGISTRATION FORM

Climbing and Bouldering at The Dublin Climbing Centre

*This form to be completed by the **PARENT** or **GUARDIAN** of the young person*

Once you have read the **Conditions of Use and Rules** of the climbing centre, you must answer the questions by writing either **“YES”** or **“NO”** in the box provided then sign the declaration at the bottom of the form.

Personal Details Please complete the form in **BLOCK CAPITALS**.

First Name	<input style="width: 90%;" type="text"/>	Surname	<input style="width: 90%;" type="text"/>
	<input style="width: 100%;" type="text"/>	Address	<input style="width: 100%;" type="text"/>
Date of Birth	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Evening Tel. No.	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Daytime Tel. No.	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
Emergency contact name	<input style="width: 100%;" type="text"/>	Emergency contact number	<input style="width: 100%;" type="text"/>
E-mail address	<input style="width: 100%;" type="text"/>		
	How did you hear about the Dublin Climbing Centre		

Medical and Additional Needs Information

Does the above named child suffer from any medical condition or have Additional Needs or have sustained any injury that might affect their participation in this activity? If YES please give details:

Are you legally responsible for the above named young person?	<input type="checkbox"/>
Have you read and understood the Conditions of Use and Rules of the centre?	<input type="checkbox"/>
Do you have any questions regarding the application of the Conditions of Use or the Rules?	<input type="checkbox"/>
Although your child will be under supervision, staff and instructors cannot prevent climbers from falling. Do you understand the matting under the walls does not guarantee the safety of a climber?	<input type="checkbox"/>
Do you agree to your child receiving emergency medical treatment if necessary?	<input type="checkbox"/>

Participation Statement

“Mountaineering Ireland 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.” I am aware that climbing and mountaineering are activities with an inherent danger of personal injury or death. I understand the nature of the activity and accept the risk involved.

I the undersigned, acknowledge that although my child is being supervised by an instructor, staff member or adult, climbing is a risk activity with potential for injury and I understand this. I have read and acknowledge Mountaineering Ireland’s participation statement above.

Name (**BLOCK CAPITALS**) _____

Signature: _____ Date: _____