

Course Registration Form
The Pinnacle Climbing Centre, Northampton
 Unit 1, Minton Business Centre, Main Road, Far Cotton, Northampton, NN4 8ES
 Tel: 01604 875996
 Email: climbing@thepinnaclecentre.co.uk www.thepinnaclecentre.co.uk

BMC 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”*

Please make your instructor aware of any illness or medical condition (epilepsy, asthma, diabetes) that may affect your ability to safely participate in any of the climbing activities.

As a member of a Pinnacle Climbing Centre Instructed session:-

- I accept that rock climbing is an activity with a danger of injury or death and that accidents can happen even when under supervision.
- I agree that whilst under instruction I will listen to and follow instructions and safety procedures as outlined by the instructor. If unclear on any aspect, to question the instructor accordingly and not endanger myself or others.
- I confirm that I am not under the influence of alcohol or other mind-altering substances. Any medication that you feel may affect participation should be discussed with the instructor and detailed on an additional, attached sheet.
- I accept to pay the appropriate course fee.
- I have read and understood the BMC participation statement above.

I can confirm that I do not suffer from any medical conditions or illnesses that may affect my ability to safely participate in climbing activities. If I leave this tick box blank, I will detail the relevant issues on an additional, attached sheet and ensure these are discussed with the instructor before the start of every session.

There are no relevant medical issues to declare.

Please complete the form in BLOCK CAPITALS

Course Start Date: _____ Start Time: _____

Course Title: _____

Title _____ First Name _____ Surname _____

Date of Birth _____ Address _____
 Where did you hear about us? _____ Postcode: _____

Tel. No _____ E-mail _____

Mobile _____

I have read and understood the information above, and agree to the statements made:

Signed: _____ Date: _____

If Participant is UNDER 18 – I am the parent or guardian of the above, I have read and understood the information above, agree to the statements made, and give my permission for them to take part in the climbing course as named.

Signed (Parent or Guardian): _____ Date: _____

Terms and Conditions

The Pinnacle Climbing Centre reserves the right to cancel the course if participant numbers are below the pre-determined number for each course. In the case that The Pinnacle Climbing Centre cancels a course for any reason, a full refund or course exchange will be offered. Places will be issued on a first come first served basis. The word of the instructor is final, and we reserve the right to eliminate anyone from a session or the course without refund if they pose a threat to staff or other participants. We will accept a name change for the course (so long as a new booking form is received), however no cancellations will be accepted within 4 weeks of the start date. Any known medical condition that could affect your participation on this course must be notified on the registration form. We are happy to help people with disabilities; however the nature of this sport can make it difficult in some cases. If you have any queries, please do contact us, and we will be only too pleased to help.

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Amended by	KCG	Date	24/07/11		