

Junior Application for Access to Sunderland Wall

SURNAME	MEMBERSHIP NO.
FORENAME	
AGE	DATE OF BIRTH

ADDRESS
.....
POSTCODE

HOME PHONE
MOBILE

EMERGENCY CONTACT NAME	PHONE NUMBER
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MEDICAL CONDITIONS

Questionnaire (circle either yes or no as appropriate)

1. I can correctly fit a harness to the manufacturers' instructions **YES/NO**
2. I can tie onto the rope having threaded it correctly through the harness using a 'figure of eight' or 'bowline'knot. **YES/NO**
3. I can belay using a recommended belay-device and harness correctly **YES/NO**
4. I can lead climb and make proper use of in-situ protection **YES/NO**
5. If I have stated **YES** to any of the above questions I have been observed undertaking the actions by a member of Sunderland Wall's Staff to a satisfactory standard. **YES/NO**
6. I am aware of the risk of bolt-on-holds spinning and breaking and make my own judgements accordingly **YES/NO**
7. I agree there may be restrictions to my use in the climbing wall and agree to inform reception staff of any changes in my competence and ability. **YES/NO**

Staff administration only

Level Group leader Instructor Supervised Bouldering Top rope Lead climb

Type of membership Junior/Privilege

Membership card issued **YES/NO** Date issued

Ability Test Carried Out **YES/NO** Staff Initials Signature.....

Form checked by Staff name Signature

SUNDERLAND WALL CONDITIONS
3-17 years inclusive

In consideration of my child being given access to the facilities and equipment and the climbing wall operated by Sunderland Wall Ltd. ('the climbing wall') I agree that: -

1. All forms of physical exercise/activity and all equipment/facilities that my child will participate in/use have been fully explained to both my child and me by a member of the climbing wall's staff.
2. I confirm that I am aware of and understand the potential risks and dangers associated with physical activity including the use of equipment and I have ensured that my child is equally aware of these risks and dangers. I confirm that my child is voluntarily participating in these activities with knowledge of the risks and dangers involved.
3. I confirm that I know of no reason why my child should not participate in any of the programmes and activities at the climbing wall. My child is free of any condition, disease, impairment, infirmity or illness that may affect his/her participation in physical activity at the climbing wall. I will inform a member of staff and provide written approval from my GP if such a condition or complaint arises. I will also ensure that my child does not continue with any physical activity at the climbing wall until such GP approval has been obtained.
4. I agree to abide by all verbal or written notices regarding safety whilst at the climbing wall and to ensure that my child does likewise.
5. I confirm that both myself and my child have had the opportunity to ask any questions about the activities, use of equipment and other related issues at the climbing wall. I also confirm that any questions that we have had, have been answered to my satisfaction.
6. I confirm that the questionnaire attached hereto has been completed accurately to the best of my knowledge and belief.
7. I understand that the climbing wall accepts no liability for any death, injury or illness resulting from my failure to disclose any relevant medical impairment or condition that my child has suffered/is suffering from or as a result of my child engaging in the misuse of the climbing wall's facilities or equipment or failure of personal equipment.
8. Without prejudice to the above, the climbing wall accepts no liability for loss of whatsoever nature and howsoever arising caused to me or suffered by me or my child whilst at the climbing wall's premises WITH THE EXCEPTION of any liability or loss that is caused by the negligent acts or omissions of the climbing wall and/or its employees.
9. I have been advised of the use of head protection to prevent head injuries and have ACCEPTED/DECLINED (Circle as appropriate) for my child/ward of care to wear an approved helme

I have read and agree to ensure that both myself and my child adhere to these conditions and agree to be bound by these conditions.

Name of Child

Name of Parent/Guardian

Relationship to Child

Signature of Parent/Guardian

Date