



BOULDERING ACADEMY

Registration Form

Student Details		D.O.B.		AGE	
First Name				Last Name	
Address					
All details to be completed by parent/guardian					
Parent/guardian name					
Day Phone				Eve Phone	
Mobile Phone			Email		
Emergency Contact Details					
Full Name and Phone Number					
Medical Matters					
Does this student have any medical problems you feel we should know about? (include all details about Asthma, Diabetes, Epilepsy if applicable)					
Please Include below details of ant medicines being taken, any allergies e.g. Penicillin, plasters etc or special dietary or other treatment necessary.					
Medicine/Tablets					
Allergies					
Dietary Requirements					
Other Treatment					
His/Her National Health Service Medical Card No (if Known)					
Doctors Name & Surgery Address					
Doctors Phone Number					
Any Religious Needs					
PARENTAL CONSENT					
<p>I am aware that climbing, hill walking and mountaineering are activities with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I consent for him/her to participate in the Bouldering Academy. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics. Photographs may be taken during sessions that may be used for general publicity purposes.</p>					
SIGNED (parent/guardian)					
Date					
<p align="center">Evolution Indoor Climbing Participation Statement</p> <p>The Evolution Indoor Climbing recognises that climbing, hill walking 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.</p>					