

# parental consent form for 5-16 year olds

parent or guardian to complete



## child's details:

child's surname	child's first name
-----------------	--------------------

course/activity	date/s
-----------------	--------

child's age	child's date of birth
-------------	-----------------------

child's address	postcode
-----------------	----------

home tel. number	mobile
------------------	--------

email address
---------------

details of any special medical conditions, allergies and any current medication
---

name of GP	GP's tel. number
------------	------------------

## parent/legal guardian's details: I confirm that the child stated is under 17 years of age

full name of parent/guardian
------------------------------

if guardian, state relationship with child
--

your address if different from child's	postcode
--	----------

PARTICIPATION STATEMENT FROM ROCK CLIMBING UK GOVERNING BODY, 'The British Mountaineering Council'  
"The British Mountaineering Council recognises that climbing and mountaineering are activities with a danger of 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 HAVE READ AND UNDERSTOOD THE ABOVE PARTICIPATION STATEMENT AND AGREE TO THE TERMS AND CONDITIONS OF USE AND RULES OF WILD ROCK AND CONSENT TO THE ABOVE NAMED CHILD CLIMBING SUPERVISED AT THE WILD ROCK FAR PEAK VENUE. I HAVE ENSURED THAT MY CHILD UNDERSTANDS THAT WHEN PARTICIPATING IN THE APPLICABLE SPORT, ANY INSTRUCTIONS GIVEN BY WILD ROCK STAFF MUST BE ADHERED TO AT ALL TIMES. I UNDERTAKE TO INFORM STAFF OF ANY CHANGES IN THE CHILDS' HEALTH AND ANY MEDICAL TREATMENT RECEIVED.

signed by parent/guardian	date
---------------------------	------

Wild Rock will never sell or pass on any personal information to third-party companies or organisations.