



SUPERVISED JUNIOR CLIMBER REGISTRATION FORM

To be used for ALL individual young under 18 years old when being supervised by Kent Scouts Climbing Instructors. Please fill out neatly with block capitals

Young Person Details

Forename _____ Surname _____
DOB _____
Address _____

Postcode _____
Parents Email _____

Parent/ Guardian Name and Contact Numbers

	Parent/Guardian 1		Parent/Guardian 2
Name	_____	Name	_____
Mobile	_____	Mobile	_____
Home Tel	_____	Home Tel	_____
Other	_____	Other	_____

IMPORTANT INFORMATION FOR PARENTS AND GUARDIANS

The British Mountaineering Council issues the following advice to those participating in any climbing activity:

“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.”

Do not use any Kent Scouts Climbing Facilities if you are unwilling for your child/ward to be exposed to these risks.

Kent Scouts Climbing Centre will provide appropriate supervision and conform to Governing Body recommendations; however the nature of these activities means that your child/ward may not be under direct supervision at all times whilst engaged in climbing activities.

You should read and discuss the Centre Guidelines with your child/ward.

As the legal parent/guardian of the above named child please write the word YES in the box below if you have read, understood and accept the information and warnings printed above.

FOR OFFICE USE

Staff Member _____ Date _____

Reg Number _____ Added _____

Updated September 2020

Junior Climber Medical Emergency Consent Form

Please read carefully and complete the form below

So far as I am aware my child/ward is in good health. I will inform Kent Scouts Climbing Centre staff if she/he has been in contact with any infectious disease; or if a medical practitioner advises that she/he has developed any condition that could affect their taking part in any physical activity.

Any medical conditions, weaknesses or disabilities (such as asthma, diabetes, epilepsy etc.) that may affect the health of my child are described below.

If my child/ward should be taken ill or become injured during an activity and a surgical operation or serum injection be necessary I authorise the Kent Scouts Climbing Centre staff member in charge to sign on my behalf, if any delay in obtaining my signature were; in the opinion of the attending medical professional, considered to endanger the health or safety of my child/ward.

Signature of
Parent/Guardian

Date

Print Name

Relationship to child

EMERGENCY CONTACT DETAILS (if parent/guardian are unavailable)

Name

Relationship to Child

Address

Home Tel

Mobile

Doctors Name

Phone Number

Doctors Address

Medical History / Details

Updated September 2020
