

Stalactites Climbing Club Registration Form

Monday's 5pm-7pm, Thursday's 5pm-7pm

Term: _____

Start: _____

End: _____

Childs Name: _____ **Age:** _____ **D.O.B.:** _____

Contact Details

Email contact: _____

Mother/Guardians Name: _____

Phone Number: _____

Address: _____

Father/Guardians Name: _____

Phone Number: _____

Emergency Name and Number (used if parents cannot be contacted):

Medical History/Cultural needs/Behaviour Problems – Please note even the smallest things:

- I/we acknowledge that my child is physically fit to participate in climbing activities and any issues that may affect their participation have been noted.
- In case of emergency, I give permission for my child to be given First Aid treatment or to be taken in an ambulance if necessary – guardians will be notified immediately.
- All information disclosed will remain confidential and kept only to serve purpose of child's safety.
- I/We acknowledge that there is a risk involved in rock climbing and I/we agree with the Rules and Policies. I/We acknowledge that my child is participating at his/her own risk.
- I/We acknowledge that promotional photos may be taken on occasion at the rockwall. If photos are close-ups, we will ask for additional permission.
- I/We further acknowledge that respect for staff and others participating is required. Children may be asked to leave any activity if this is not observed and parents will be informed.
- I/We allow my child to be belayed by other children or parents participating at The Edge Rockwall.
- Minimum age for child to climb out of session times without parental or suitable supervision is 13 years old.
- Memberships are non-transferable and non-refundable.
- I/We acknowledge that all customers of The Edge Rockwall will be inducted into the facility in conjunction with the induction process outlined in our Standard Operating Procedures.

I give permission for the above named child to participate in climbing activities at The Edge Rock Wall at the Taupo Events Centre, during any of our opening hours for the duration of their membership.

I understand the terms and conditions and agree to them:

Signed: _____ Name: _____ Date: _____
(parent/guardian)