

Registration form (under 18 supervised)

Staff name: __

Registration	Number	
Redistration	Number	

Participation Statement: Climbing and bouldering are activities with a danger of personal injury. Although the Wall is an artificial environment, many of the risks involved are no less serious than when climbing outside on a crag or boulder. Parents of participants in these activities should be aware of and accept these risks before allowing their children to take part. Participants who climb beyond their capabilities on any indoor wall are likely to fall. Any fall may result in an injury despite the safety systems in place to avoid it. You must make your own assessment of the risks before you provide consent for your child to climb.

Legal Jibber Jabber: The Legal Jibber Jabber is important, is intended to be legally binding and sets out the terms and conditions that govern our agreement with you.

Privacy: Our Privacy Policy (available on our website, www.thewall.ie, and from reception)

Your Details (please write clearly, so we	e can record details correctly, thanks ©)	
Child's name		
Date of birth	Age	
Parent's Name	Tel no:	
following questions and sign the decla	ou have read the Wall's Rules, you must answer the tration at the bottom of the form. Your child will only be have given satisfactory answers to the questions below.	
Are you legally responsible for the chil	ld named above?	
Do you understand that the matting under the climbing surfaces does not guarantee your child's safety?		
Have you read and understood the Le	gal Jibber Jabber and the Wall's rules?	
Do you provide consent for your child	to climb at the Wall?	
Do you understand that climbing is a hard care could result in their injury?	nazardous activity and failure by your child to exercise	
above does not suffer from a medical making it more likely that they will be i	the best of my knowledge and belief that the child condition or injury, which might have the effect of involved in an accident which could result in injury to ation is correct and if any information changes I will	
Signature	Date	
THIS PART TO BE FILLED IN BY THE W	/ALL'S STAFF	

Date: __