



A Supervising Member can bring a **MAXIMUM** of **TWO** guests into ROKT Climbing Gym

**BMC STATEMENT** All climbers must understand and accept the British Mountaineering Council participation statement: "The BMC 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"

**JUNIOR NOVICE DETAILS**

MEMBER ID: 

NAME: \_\_\_\_\_ DOB: \_\_\_ / \_\_\_ / \_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POST CODE: \_\_\_\_\_

MOBILE/CONTACT NO: \_\_\_\_\_ EMAIL: \_\_\_\_\_

 Tick this box if you do NOT wish to receive information from ROKT via email Tick this box if you do NOT wish to receive information from ROKT via SMS**PLEASE CIRCLE****HAVE YOU READ AND UNDERSTOOD THE BMC STATEMENT? YES / NO****DO YOU AGREE TO BE SUPERVISED BY THE MEMBER MENTIONED  
AT THE BOTTOM OF THIS FORM AND THAT THEY ARE RESPONSIBLE  
FOR YOUR SAFETY DURING EACH VISIT TO THE CENTRE? YES / NO**

**SUPERVISING MEMBER DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ POST CODE: \_\_\_\_\_

MOBILE/CONTACT NO: \_\_\_\_\_

**PLEASE CIRCLE****ARE YOU THE PARENT / GUARDIAN\*? YES / NO*****\*IF NO, HAVE YOU MADE THE PARENT / GUARDIAN AWARE OF THE  
POTENTIAL DANGERS INVOLVED WITH CLIMBING ACTIVITIES?* YES / NO****AS THE SUPERVISING PERSON DO YOU AGREE TO BE RESPONSIBLE  
FOR THE SAFETY AND BEHAVIOUR OF YOUR GUEST(S) DURING  
THEIR VISIT? YES / NO****AS THE SUPERVISING PERSON DO YOU AGREE TO DRAW YOUR GUEST(S)  
TO THE ATTENTION OF THE CONDITIONS OF USE AND ENSURE THAT  
THEY ADHERE TO THESE? YES / NO****ARE YOU ABLE AND WILLING TO HELP YOUR GUEST(S) IN THE CORRECT  
USE OF A CLIMBING HARNESS? YES / NO****ARE YOU ABLE AND WILLING TO HELP YOUR GUEST(S) IN TYING INTO A  
HARNESS WITH THE APPROPRIATE KNOT? YES / NO****WILL YOU ENSURE IF YOUR GUEST(S) BELAY THAT THEY BELAY SAFELY  
AND WITH THE ROPE TAILED BY A COMPETENT CLIMBER? YES / NO  
(NOVICES MUST NOT BELAY WITHOUT A COMPETENT ADULT TAILING THE ROPE)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FORM CHECKED BY STAFF MEMBER. Sign: \_\_\_\_\_ Date: \_\_\_\_\_**