

ROKT3

**JUNIOR NOVICE CLIMBER  
MEMBER SUPERVISING JUNIOR FORM**

ROKT3



**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: \_\_\_\_\_ D.O.B: \_\_\_ / \_\_\_ / \_\_\_

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

EMERGENCY CONTACT: NAME: \_\_\_\_\_ RELATION: \_\_\_\_\_  
 CONTACT NUMBER: \_\_\_\_\_

**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

**HAVE YOU MADE YOU GUEST(S) AWARE OF THE BMC STATEMENT ABOVE\*?** YES / NO

**DOES YOUR GUEST(S) AGREE TO BE SUPERVISED BY THE MEMBER MENTIONED AND THAT YOU ARE RESPONSIBLE FOR THEIR SAFETY DURING EACH VISIT TO THE CENTRE?** 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? (NOVICES MUST NOT BELAY WITHOUT A COMPETENT ADULT TAILING THE ROPE)** YES / NO

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

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