

Adult

Application for Access to The Sunderland Climbing Centre LTD

PLEASE WRITE IN BLOCK CAPITALS

SURNAME	OLD MEMBERSHIP NO.
FORENAME	NEW MEMBERSHIP NO.
AGE	DATE OF BIRTH

ADDRESS
.....
POSTCODE

EMAIL Tick if you would **not** like to receive further information about Sunderland Wall

HOME PHONE	MOBILE
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EMERGENCY CONTACT NAME	PHONE NUMBER
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MEDICAL CONDITIONS That may hinder your ability to climb	TYPE OF EMPLOYMENT Full, Part Time, Retired, Student or Unemployed
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Questionnaire (circle either yes or no as appropriate)

Circle

1. I can correctly fit a harness to the manufacturers' instructions **YES/NO**
2. I can tie onto the rope having threaded it correctly through the harness using a 'figure of eight' or 'bowline' knot. **YES/NO**
3. I can belay using a recommended belay-device and harness correctly **YES/NO**
4. I can lead climb and make proper use of in-situ protection **YES/NO**
5. I can attach myself correctly to an auto belay. **YES/NO**
6. If I have stated **YES** to any of the above questions I have been observed undertaking the actions by a member of Sunderland Wall's Staff to a satisfactory standard. **YES/NO**
7. I am aware of the risk of bolt-on-holds spinning and breaking and make my own judgements accordingly **YES/NO**
8. I agree to inform wall staff of any changes in my competence and ability. **YES/NO**
9. I have been informed of the consequences of and understand that jumping or falling from the wall could result in injury or death and take full responsibility for any accidents that occur to both myself or any guest(s) I may sign in. **YES/NO**

Name: Signature: Date:

Staff Administration Only

Ability Test Carried Out **YES/NO** Staff Initials Signature.....

Form checked by Staff name Signature