

# Junior

## Application for Access to The Sunderland Climbing Centre LTD

PLEASE WRITE IN BLOCK CAPITALS

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

ADDRESS .....
.....
POSTCODE .....

HOME PHONE .....
MOBILE .....

EMERGENCY CONTACT NAME .....	PHONE NUMBER .....
------------------------------	--------------------

MEDICAL CONDITIONS .....
--------------------------

### Questionnaire (CIRCLE either yes or no as appropriate)

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 there may be restrictions to my use in the climbing wall and agree to inform reception 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. YES/NO

Name ..... Signature of Parent/Guardian ..... Date: .....

### Staff administration only

Membership card issued YES/NO Date issued .....

Ability Test Carried Out YES/NO Staff Initials ..... Signature.....  
Form checked by Staff name ..... Signature .....