



# GROUP REGISTRATION FORM

## for Groups Under Instruction at The Hangout

To be completed by participants in instructed groups (both internal and external groups)

**Participation Statement:**

“The British Mountaineering Council 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.”

Each participant please fill in your details in one of the rows below.

Please write “Yes” or “No” against the question asking about your medical condition to indicate if you suffer from any medical condition which your instructor should know about. If you answer “Yes” please make sure you speak to the instructor about it before the start of the session.

There is a maximum of nine (9) participants per instructor

No.	Name of Participant	Address	Emergency Tel. No.	Age	Medical Condition
1					
2					
3					
4					
5					
6					
7					
8					
9					

**Assistant 1**

<b>Name:</b>	<b>Qualification: I.e. CWA-T /SPA-T</b>
<b>Signature:</b>	<b>Date:</b>

There is a maximum of twelve (12) participants per instructor with ONE assistant

No.	Name of Participant	Address	Emergency Tel. No.	Age	Medical Condition
10					
11					
12					



### To be completed by Group Leader

Have you checked the details of the listed participants and are the details correct, to the best of your knowledge? (Yes or No)		
For any of the participants who are under 16 years old, have you been given permission from their parent or guardian to involve them in this potentially dangerous activity? (Yes or No)		
<b>Name</b>		
<b>Organisation</b>		
<b>Signature</b>		
<b>Date</b>		

### To be completed by Lead Instructor

Do you accept full responsibility for the safety and actions of the listed participants whilst they are in the climbing centre? (Yes or No)		
Have you checked the details of the listed participants so that you can take account of each participant's age and any medical conditions which may affect their activity? (Yes or No)		
<b>Name</b>		
<b>Organisation</b>		
<b>Signature</b>		
<b>Date</b>		

### To be completed by Receptionist

Have you checked there is an Instructor registration form on file for this instructor? (Yes or No)		
Have all the group filled in the participant's part of the form above? (Yes or No)		
Has the group leader completed their part of the form? (Yes or No)		
Has the Instructor completed their part of the form? (Yes or No)		
<b>Signature</b>		
<b>Date</b>		