



Climbatize & Rock Ratz Registration Form

Please tick the box next to the club you wish to join:

Rock Ratz (aged 7-12): **Climbatize** (aged 12-18):

NAME: _____

ADDRESS: _____

: _____

: _____ POSTCODE: _____

DOB: ____/____/____ MALE: _____ FEMALE: _____

HOME TEL: _____ MOBILE TEL: _____

EMAIL: _____

From time to time we will use this information to notify you of forthcoming events at the climbing centre. Please tick this box if you do *NOT* wish to receive this information.

This section is to be completed by a parent or guardian:

Parental Consent: I confirm I am the parent/guardian of the above named child and that I consent for him/her to take part in these activities. I also confirm that I am aware that climbing and abseiling are activities with a danger of personal injury or death and that I am responsible for my child undertaking these activities.

Payments for the session must be received in advance when it is booked; no session can be booked without payment. Sessions cannot be cancelled, but can be rearranged to another date if we are given at least 48 hours notice.

I have read and understand the above conditions:

Signed (parent or guardian only): _____ Date: ____/____/____

In Extremis Ltd. T/A City Limits Outdoor Adventures, Ibrox Church, 534 Paisley Road West, Glasgow, G51 1RN,
Tel. 0141 427 9550, Fax. 08717 146657, email: info@glasgowclimbingcentre.co.uk
V.A.T No. 617 4563 33 Co. Reg. 142085