ARTIFICIAL TOP ROPE TRAINING AND ASSESSMENT

RAYWELL CLIMBING WALL

**BOOKING FORM**

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| **COURSE DATE** | 28th & 29th April 2018 |
| **NAME OF APPLICANT** |  |
| **AGE if UNDER 18** |  |
| **SCOUT GROUP** |  |
| **DISTRICT** |  |
| **EMAIL ADDRESS** |  |
| **TELEPHONE** |  |
| **DISTRICT COMMISSIONER** |  |
| **EMERGENCY CONTACT****Name, Relationship & telephone number** |  |
| **PREVIOUS CLIMBING EXPERIENCE Please give brief outline.*****(NB. Experience is not essential but we need to understand the level so that the course can be tailored. Those with little or no experience following attendance on the the two day training course will be encouraged to take opportunities to build experience prior to returning for assessment) (Experienced climbers please email log book with most recent experience and permit application if applying for assessment)*** |
| **DISABILITIES OR MEDICAL NEEDS*****Does not exclude anyone but allows us to tailor the course and equipment needs accordingly*** |
| **FOOD ALLERGIES / NEEDS** |

**Under 18s**

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| --- | --- |
| **Parent / Guardian Name** |  |
| **Parent / Guardian Signature** |  |
| **Parent / Guardian Telephone Number** |  |
| **Date** |  |