

Manchester Climbing Centre
Consent Form

Thank you for taking the time to read and complete this form before signing and returning it to Manchester Climbing Centre.

Questions marked with * MUST BE FILLED IN

- I have had the activities of Manchester Climbing Centre explained and agree to my son / daughter taking part in these activities.
- I confirm to the best of my knowledge that my son / daughter does not suffer from any medical condition other than those listed.
- I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner, may be necessary.
- I confirm that my child is not subject to any court order prohibiting publication of their image.
- I consent to my son / daughter travelling to and from Manchester Climbing Centre activities in a vehicle driven by a member of Manchester Climbing Centre staff.
- I agree to pick them up and drop them off at the agreed time.
- I understand that Manchester Climbing Centre accepts no responsibility for loss, damage or injury caused by or during attendance on any of their activities except where such loss or damage can be shown to result directly from the negligence of Manchester Climbing Centre staff.
- In your child's interests, it is important that Manchester Climbing Centre staff should know whether he / she suffers from any illness or medical condition. Please use the space below to state in confidence anything which our staff should be aware of. Please indicate also if your child is taking any medication, with details and dosage, and / or specific dietary requirements.

Please state medical condition and / or medication

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Name of Family Doctor
Doctor's telephone number

***Name of child**.....

***Date of Birth**.....

***Name of Parent / Carer**.....

Address: Please give your home address and phone numbers. If you will be away the time your child is at the centre please give an alternative address where you, or a relative or friend acting for you ,can be contacted.

***Address:**.....

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Post Code:.....

Tel:

*** (day):**.....

*** (eve):**.....

(mobile):.....

Alternative Contact Name and Address:.....

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Post Code:.....

Tel:

(day):.....

(eve):.....

(mob):.....

***Signed Parent / Guardian**

***Date**