



# MCofS Mountaineering Events

## MEET APPLICATION FORM

*This form must be completed by BOTH an applicant's parent / carer / guardian AND the young person attending the meet.*

*You have the right to access all data on you held by the MCofS under the Data Protection Act.*

### MCofS EVENT

Title of the Event:  
*(Climbing or mountaineering, indoor or outdoor, low-lying or in the mountains)*

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### PERSONAL DETAILS

*To be Completed by the Parent/Carer/Guardian*

Name of young person

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Age and Date of Birth:

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Address:

	Post Code [                      ]

Day-time tel:

--	--

Evening tel:

--	--

Mobile tel:

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Email:

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MCofS Membership:

*(e.g. individual or club member)*

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### REFEREES

Give names and contacts of two adults who can vouch for the information supplied in this application:  
*(e.g. adults who have knowledge of the climbing experience of the young person. You may also include a friend who has climbed with him/her)*

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### DECLARATION *To be Completed by the Parent/Carer/Guardian*

I confirm I am the parent/carer/guardian of the above noted child. I confirm I have read the accompanying event information and the 'Participation Statement' and am in agreement for him / her to take part.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### YOUNG CLIMBERS'S PERSONAL EXPERIENCE & SKILLS

*To be Completed by the young person attending the event / meet with the help of their parents/carers/guardians*

*NB: be as honest as possible with your answers. Being able to answer only some of the questions will not prevent you attending the event but will enable us to help you get the best from it.*

Number of Years Climbing:

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Where have you climbed:  
*(name the crags and/or the indoor walls you have climbed at)*

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CONTINUED OVERLEAF...

## YOUNG CLIMBERS'S PERSONAL EXPERIENCE & SKILLS

*Continued*

Personal Climbing Equipment <i>(What equipment are you able to supply yourself)</i>	Rock Shoes <input type="checkbox"/> Harness <input type="checkbox"/> Helmet <input type="checkbox"/> Rope (single) <input type="checkbox"/> Rope (half) <input type="checkbox"/> Belay Device <input type="checkbox"/> type: ..... Hardwear (e.g. karabiners,slings,traditional gear).....															
Personal Mountaineering Equipment: <i>for events which include mountaineering</i> <i>(What equipment are you able to supply yourself)</i>	Rucksac <input type="checkbox"/> Ice Axes <input type="checkbox"/> Cagool / waterproof Jacket <input type="checkbox"/> Waterproof Trousers <input type="checkbox"/> Gloves <input type="checkbox"/> Walking Boots <input type="checkbox"/> Mountaineering Boots <input type="checkbox"/> type: ..... Hardwear (e.g. karabiners,slings,traditional gear).....															
Current Climbing Style: <i>(tick any of the styles you are able to do)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;">Seconding/top-roping Sport <input type="checkbox"/></td> <td style="width: 35%;">Leading Sport <input type="checkbox"/></td> </tr> <tr> <td>Seconding/top-roping Traditional <input type="checkbox"/></td> <td>Leading Traditional <input type="checkbox"/></td> </tr> </table>	Seconding/top-roping Sport <input type="checkbox"/>	Leading Sport <input type="checkbox"/>	Seconding/top-roping Traditional <input type="checkbox"/>	Leading Traditional <input type="checkbox"/>											
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Seconding/top-roping Traditional <input type="checkbox"/>	Leading Traditional <input type="checkbox"/>															
Current Climbing Grade: <i>(indicate the grade at which you can climb comfortably without falling off)</i>	<table style="width: 100%; border: none;"> <tr> <td style="width: 65%;"></td> <td style="width: 17.5%; text-align: center;">INDOORS</td> <td style="width: 17.5%; text-align: center;">OUTDOORS</td> </tr> <tr> <td>Seconding/top-roping Sport.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Leading Sport.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Seconding/top-roping Traditional Gear...</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> <tr> <td>Leading on Traditional Gear.....</td> <td style="text-align: center;">.....</td> <td style="text-align: center;">.....</td> </tr> </table>		INDOORS	OUTDOORS	Seconding/top-roping Sport.....	.....	.....	Leading Sport.....	.....	.....	Seconding/top-roping Traditional Gear...	.....	.....	Leading on Traditional Gear.....	.....	.....
	INDOORS	OUTDOORS														
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Leading Sport.....	.....	.....														
Seconding/top-roping Traditional Gear...	.....	.....														
Leading on Traditional Gear.....	.....	.....														
What Climbs have you done? <i>(Please list some examples of routes you have climbed recently)</i>	Sport Climbs (bolted):  Traditional Climbs (gear):															
Why do you want to go on the meet? What do you hope to get out of it? <i>(Continue on a separate sheet if necessary)</i>																

## ACKNOWLEDGMENT OF RISK

*To be signed by the applicant*

### MCofS Participation Statement:

The MCofS recognises that climbing, hill walking 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.

I confirm that the information supplied on this form is correct. I have read the **MCofS Participation Statement** and am aware that the activity being undertaken has a risk of injury or death and that I must take responsibility for my own actions. I understand the need to behave responsibly.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EVENT COORDINATOR (For Office Use Only)

Comments: (to be completed in line with MCofS guidance)	
Details Confirmed by:	Name: _____ Signed: _____

# MCofS Mountaineering Events

## PARENTAL CONSENT FORM

*This form must be completed by an applicant's parent / carer / guardian  
You have the right to access all data on you held by the MCofS under the Data Protection Act.*

### MCofS EVENT

Title of the Event:  
*(Climbing or mountaineering, indoor or outdoor,  
low-lying or in the mountains)*

### CHILD'S PERSONAL DETAILS

Name of young person

Age and Date of Birth:

### PARENTS/GUARDIAN PERSONAL DETAILS

*To be Completed by the Parent/Carer/Guardian*

Address:

Post Code [                      ]

Day-time tel:

Evening tel:

Mobile tel:

Email:

MCofS Membership:

*(Are you an individual or club member?)*

### EMERGENCY CONTACT DURING THE ACTIVITY

*To be Completed by the Parent/Carer/Guardian (if different to above)*

Name:

Day-time tel:

Evening tel:

Mobile tel:

Email:

### HEALTH DETAILS

*To be Completed by the Parent/Carer/Guardian*

Indicate any specific health requirements *(for which your child/children are receiving treatment. Include allergy advice, asthma, diabetes, epilepsy. Include details of the medicines being taken e.g. penicillin):*

*Indicate any special dietary requirements:*

*Indicate any special physical requirements:*

Child's Doctor's Name and Surgery  
*(please give the name and address / contact phone number)*

Tel.

### CONSENT

I understand the nature of the activity and I have read the **MCofS Participation Statement** and am aware of the risk. I confirm that I consent to my son / daughter taking part in the MCofS event.

I agree to the use of photographic images of my child participating in the event within MCofS publications including the website unless I specifically indicate here: **I do not consent to use of photographic images**

I agree to my son / daughter receiving emergency medical treatment as considered necessary by the medical authorities

I acknowledge the need for responsible behaviour during the activity by my son/daughter and have read the code of conduct supplied and have discussed this with him/her.

I understand the limitations of the insurance cover provided (MCofS Civil Liability Insurance NOT personal accident insurance) **Personal Accident insurance can be obtained separately from the MCofS from BMC Insurance.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_