

Personal Details /

First Name /	Surname /	
D.O.B.	Male	Female
Address /		
Postcode /	School or College /	
Home Tel /	Mobile /	
Email /		

Parent / Guardian / Career /

First Name /	Surname /	
Address /		
Postcode /	Relationship /	
Home Tel /	Mobile /	
Email /	Please tick if you DO NOT want to receive information about activities at OPEN	

Medical Information /

Do you have a medical condition that we should be aware of?* (e.g. asthma, epilepsy, allergies)
 *Please note that OPEN will gain medical emergency treatment should the need arise.

Media & Activity Consent /

I give permission for photographs and film to be taken and understand that such media may be used to publicise OPEN either through public display, publication, social media or as part of funding reports/applications.

Signed / _____ Print / _____

OPEN Agreement /

OPEN wants everyone who uses the venue to have a good time and to ensure that it remains a safe and enjoyable place. By signing this form you are agreeing to respect the OPEN guidelines*.

Signed / _____ Print / _____

Please tick this box if you **do not wish** to receive the OPEN newsletter by email.

Equality Monitoring Forms /

White		Asian/Asian UK Indian	
White English/Scottish/Welsh/Northern Irish		Pakistani	
Irish		Bangladeshi	
Gypsy or Irish Traveler		Chinese	
Any other white background		Any other Asian background	

Black/African/Caribbean/ Black UK		Other ethnic group	
Caribbean		Arab	
African		Mixed ethnic background	
Any other Black/African/Caribbean background		Any other ethnic group	

Religion or belief /			
No religion		Hindu	
Christian		Jewish	
Buddhist		Muslim	
Sikh		Other religion	

Do you consider yourself to have a disability?			
Yes		No	

Thank you for your help with this study. This information will remain confidential and anonymous and will be only be used as part of statistical analysis for funding application/reports.

CLIMBING - Parental Consent

I am aware that climbing is an activity with a danger of personal injury or death. I have understood the nature of the activity and accept the risk involved. I confirm I am the parent/guardian of the above named child and that I consent for him or her to take part in climbing at OPEN. I consent to any emergency medical treatment necessary during the course of the events including the administration of anaesthetics.

SIGNED (parent/guardian only)	
Date	

BMC Participation Statement

The BMC 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