

TODAY'S DATE

FIRST NAME

SURNAME

ADDRESS

PHONE NUMBER

EMAIL

DATE OF BIRTH

AGE

PARENT OR
GUARDIAN PRINT
AND SIGN

PLEASE TELL US HERE IF
YOUR CHILD HAS ANY
MEDICAL CONDITION, HAS
RECENTLY HAD AN
OPERATION, IS TAKING ANY
PRESCRIBED MEDICATION
OR ANY OTHER INFO YOU
FEEL WE SHOULD BE MADE
AWARE OF.

From time to time we take
pictures of the club to
advertise what we do.
Please tick this box if you do
not consent to anonymous
photos of your child being
used in this way.



Large empty rounded rectangular box for address or other information.

Empty rounded rectangular box for email.

Empty rounded rectangular box for date of birth.

Empty rounded rectangular box for age.

I consent to the above named young person participating in indoor climbing activities with Rock Frog.
Name: _____
Signed: _____ Date: _____

Large empty rounded rectangular box for medical information.

Empty rounded rectangular box for consent information.

Ref