

# INGLEBOROUGH HALL

## INDIVIDUAL SKILLS TRAINING APPLICATION FORM

Name: ..... M / F Age: ..... Date of Birth: .....

Address: .....

Post Code: .....

Telephone (home): ..... (daytime): ..... E-mail: .....

ACTIVITY / COURSE: ..... DATES: .....

Rock Climbing experience: Leading: .....(grade) Seconding: .....(grade) No experience: ..... (tick)

Caving experience: LOTS / SOME / NONE Vertical Caving - SRT proficient: YES / NO Abseiling proficiency only: YES / NO  
(delete as appropriate)

Health: Are you sure that you are physically fit to take part in the activity for which you are applying? YES / NO

Please give details overleaf of any relevant disability or medical condition

Are you currently taking medication on the advice of a Doctor? YES / NO Details overleaf.

### RESIDENTIAL ACCOMMODATION

Accommodation (mid-course nights) is usually included on multi-day courses. Alternatively we have a self-catering unit (Thornton Cottage) adjacent to the main Hall, and we can also advise on campsites, guest houses and hotels; please enquire.

Please indicate if applicable (multi-day courses only): NON-RESIDENT / SELF CATERING / RESIDENT

Special dietary requirements (residential students only): .....

### BCA and BMC Participation Statements

*Both the British Caving Association and the British Mountaineering Council recognise that caving and mine exploration, and climbing 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.*

### AGREEMENT

- If this application is accepted I agree to abide by such regulations as Ingleborough Hall OEC or its representatives may consider advisable.
- I understand that a copy of a Statement on Safety Policy is available on request.
- I have discussed the programme of activity and understand that I can obtain further information if required.
- I have read and understood the BMC and BCA Participation Statements.
- I understand that the Centre is under no liability whatsoever in respect of personal loss or injury that I may sustain, except as required by law. If I wish personal accident and cancellation insurance I shall arrange same.
- I understand that if I cancel the booking my deposit will be forfeited.
- If the course is cancelled by Ingleborough Hall for whatever reason, I understand that I will be offered the option of alternative dates or a full refund.

Signature:..... *If applicant is under 18 a parent or guardian should give their consent by signing below:*

Date: ..... Parent / Guardian: .....

Emergency contact number: ..... Name: ..... Relationship: .....

Please complete and return *with £50 deposit* to Ingleborough Hall, Clapham, North Yorkshire LA2 8EF. Cheques should be made payable to 'Education Bradford'. **Payment can also be made over the phone or in person by credit / debit card (Visa / Mastercard / Maestro / Visa Electron / Solo / JCB).**

OFFICE USE: Received: Deposit: Balance / Full Fee: Instructor: Venue: