



ROCKFACE

INDOOR CLIMBING CENTRE
SCHOOL HOLIDAY PROGRAM

EMERGENCY CONTACT INFORMATION

Name of Child

Date of Birth

Parent/ Guardian / Carer

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Address:

..... Postcode

Tel (day): **Tel (evening):**.....

Mobile: **e-mail:**

Relationship to child:

Does your child suffer from any medical conditions/allergies/injuries that the Rockface Climbing Centre / the coaches should be aware of (including any current medication)? If the condition is ongoing or serious, please talk to the head coach about creating an emergency action plan for your child.

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Emergency contact details: (if different from above)

Name: **Telephone no:**

Relationship to child: