



Chelmsford Mountaineering Club

Induction Form

Personal Details

Full name: _____
Address: _____

Date of birth: _____ Postcode: _____
Home phone: _____ Email: _____
Mobile: _____

Emergency Contact Details

Full Name: _____
Relationship: _____
Phone: _____
Mobile: _____

Medical History

Do you have any medical conditions/illnesses that may affect your health or endanger yourself or others whilst participating in this activity? Please detail any relevant medical information below (continue overleaf if necessary).

Declarations (please tick boxes)

I accept that climbing and mountaineering are activities with a range of personal injury or death. I am aware of and shall accept these risks and wish to participate in these activities voluntarily and shall be responsible for my own actions and involvement. yes no

Signed (member or parent/guardian): _____ Date: _____

Full name of parent/guardian: _____
(if new member under 18)

*Please note that membership to the CMC is not automatic following induction. If you do wish to become a member following induction, membership forms and fees to be paid to the committee, initial membership is subject to a probationary period. Details can be found at <http://www.the-cmc.co.uk/uploads/constitution-2014.pdf>