**Rock Stars Climbing Lessons at Durham Climbing Centre**

**(Age 3 – 16 Years) BOOKING FORM**

**Date: W/C 3rd September - w/c 15th October (7 weeks)**

**Please complete and return this form with payment to reserve your child’s place.**

Child’s Name: ………………………………… Child’s Age:………………

Parent Contact Name: …………………….........................

Parent Contact number:…………………..........................

Alternative emergency contact name: ……………….........................

Alternative emergency contact number: ……………….........................

**Climbing Ability (please circle)**

New

**Please give details of climbing ability (if your child has previously attended Rock Stars sessions)**

Bronze Level Silver Level Gold Level

Junior helper NIBAS (State Level)

**Medical Conditions**

…………….........................…………….........................…………….........................…………….........................…………….........................…………….........................…………….........................……………...........

**State the class you wish to attend:**

Class………………………………………Day…………………………………Time ………………………………………

**For completion by staff member**

Amount Paid £………………………..

Payment method (card / cash) …………………..

Received by ……………………………