

Membership No:.....
Date Paid:.....

Membership form
SOUTHAMPTON UNIVERSITY MOUNTAINEERING CLUB
Academic Year /

Full Name:.....
Term Address:..... Home Address:.....
.....
.....
.....
Mobile Number..... Home Tel:.....
E-mail:..... D.O.B:.....

Please complete as appropriate:

1. New Member Existing Member
2. Novice Some experience on top-rope/second Experienced Leader
3. Relevant Qualifications?.....
4. Student Number:..... I HAVE/ HAVEN'T joined the AU yet
5. What is your shoe size?.....
6. Do you have any medical conditions that the club should be made aware of. If so,
please give details overleaf Yes/No
7. Can you swim? Yes/No
8. Are you over 21 and have you held a drivers license for over 3 years. Yes/No
9. Do you have, or can you borrow a **warm** sleeping bag and waterproofs? Yes/No
10. Please give details of any dietary requirements

BMC Participation Statement:

The BMC recognises that climbing, hill walking and mountaineering are an activity with 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.

Insurance:

SUMC is affiliated to the BMC and as such, members are insured through the BMC policy. For more details see the Membership Secretary.

Club Rules:

I acknowledge that I have read and understood the above, and have been given a copy of the Club's General Regulations and agree to be bound by them.

Signed:..... Date:.....