



## YMCA Climbing Wall Check-in Information

All information provided will be confidential and only used by authorized YMCA Staff.

Please print clearly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### Y Membership (Please choose one)

\_\_\_\_\_ I have a Y membership. Member ID: \_\_\_\_\_

\_\_\_\_\_ I am a guest.

I have passed the Top Rope and Belay Safety System Competency Test at the YMCA \_\_\_\_\_

Climbing Wall Staff must verify the date of competency test. Date: \_\_\_\_\_

---

### **YMCA Climbing Wall Risk Acknowledgement and Helmet Waiver:**

#### **Adult Helmet Waiver (18+):**

I am over the age of 18 and understand that climbing is dangerous and may result in objects impacting my head. I choose to not wear a helmet and assume all associated risks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children age 12 and under must wear a helmet when climbing. If between the ages 13 – 17, parent/legal guardian may sign below for no helmet.

#### **Youth Helmet Waiver (Under 18):**

My child \_\_\_\_\_ is between the ages of 13-17. I understand that climbing is dangerous and may result in objects impacting the head. I authorize my child to not wear a helmet and assume all associated risks.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

My child \_\_\_\_\_ is under 13 years old and I understand that he/she is required to wear a helmet.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Climbing Staff Use Only:

Entered in the system by: \_\_\_\_\_ Date: \_\_\_\_\_