



**PERMISSION SLIP-PARKS AND RECREATION DEPARTMENT  
MCQUEEN PARK ACTIVITY CENTER CLIMBING WALL**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ *(one form/child)*

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade level: \_\_\_\_\_ Gender:  M  F (check box)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone(H): \_\_\_\_\_ Cell: \_\_\_\_\_

Does this participant have any special needs (physical limitations)?: \_\_\_\_\_

Please list health restrictions (if any): \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication currently taking: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** When minor accidents occur it is our policy to contact the child's parent/guardian. When a serious accident occurs, our policy is not only to contact the child's parent/guardian but also to activate Emergency Medical Services.

**Assumption of Risk & Release of All Claims**

I allow my child and myself to participate in Gilbert Parks & Recreation programs and activities, including transportation provided, and to use Gilbert recreation facilities including but not limited to any climbing wall or equipment on site. I release the Town of Gilbert and its employees of any liability, claims or demands, which we may have hereafter as a result of my child's and my own participation in programs and activities and use of recreation facilities. I understand that the Town of Gilbert has no medical insurance for my child or me. I understand there are risks involved with physical exertion and use of recreation facilities, including serious injury. I certify that my child's and my own physical condition are satisfactory to participate in programs/activities. I also give my permission for any photographs, audio or video recordings taken of my child and/or myself to be used by the Town of Gilbert for any lawful purpose, including the promotion of Town events on the Town's website or the Town's social media sites. I further waive any and all right to privacy, compensation, or the right to inspect or approve the photographs, audio or video recordings used. I am at least 18 years of age, and verify that all information provided at registration or on this form is correct. Providing incorrect information including but not limited to date of birth and address is grounds for removal from the program and may result in suspension of the privilege to participate in future programs.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

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**Climbing Wall Rules and Supervisor Guidelines**

Climbing Wall Rules will include, but will not be limited to the following rules: (Failure to adhere to instructions will result in not being allowed to climb).

**Before Climb:**

- Supervision is required.
- 6' protective mat must be in place.
- Remove all jewelry.
- **Sneakers are required for climbing.**

**During Climb:**

- Climb safely.
- Traverse climbers will stay below the red safety line which indicates the maximum height of the free climb zone. No feet above the Red Line.
- Maintain at least 3 points of contact with the wall at all times.
- Step down from the wall.
- No jumping.
- No climbing around, over or under another child.
- Have fun!

**After Climb:**

- Step away from the mat upon completion of your climb. **No jumping.**
- Do not walk underneath climbers on the wall.
- Report any damaged equipment to the wall supervisor.

**Supervisor Guidelines:**

- Only trained personnel will supervise the use of the Climbing Wall. Climbers should be supervised at all times.
- The supervisor is responsible for the safe operation of climbing wall.
- Regularly inspect climbing wall, its components and protective surfacing to ensure they are in good condition.
- Mat Locking System will be used to prevent unauthorized/unsupervised after-hour usage.