

A. Personal Details

**Teaching Navigation** 

**Scrambling Skills** 

**Climbing Skills** 

NAME:

## **Skills Workshop Booking Form**



## 21st - 22nd September 2024

Skills workshops are organised by Mountaineering Ireland's Training Officer and delivered by qualified instructors.

Workshops are open to all members of Mountaineering Ireland and are applicable for participants to learn skills and for providers use for CPD.

ADDRESS:		
TELEPHONE:		
EMAIL:		
MI NUMBER:		You must be a current member
B. <b>Next of kin</b> (person for Mountaineering Ireland to contact in case of accident or emergency)		
Name		Telephone (daytime)
Address		Telephone (evening)
		Email Address
Your relationship to this person		
L		
C. Course		

**Select Course Date** 

Either Saturday 21/09/2024 or Sunday 22/09/2024

Please tick course/s:

longstanding injuries.			
E. Declaration			
I accept that mountaineering is an a	ctivity with a risk of personal injury or death. I agree to abide by the decisions		
made by the guides regarding the sa	afety of people taking part in the course(s). I have read and agree to the booking		
conditions listed here and on the we	bsite. The information I have provided is correct and accurate. I do not know of		
any reason relating to my health tha	at might prohibit me from taking part in my planned course(s).		
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Signed:	Date:		
F. Payment details			
Amount to be paid - €60.00 per o	course (Please telephone in to make payment)		
Total Due €:	Date:		
Cancellation terms: up t	o 6 weeks before event – 10% administration fee applies		
•	s and 2 weeks before event – 70% cancellation fee		
Less than 2 weeks before event – 100% cancellation fee			

Please declare any previous or current conditions relevant to your planned course(s). Include serious allergies and

Mountaineering Ireland, Irish Sport HQ, National Sports Campus, Blanchardstown, Dublin 15

www.mountaineering.ie

D. Medical and Health Declaration

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