

Application Form for Climbing Room

長崎県立総合体育館 県北トレーニング室

First Name		Last Name		Male • Female	Age
Birthday DD/MM/YY	/	/	Blood Type A B O AB ()		
Address	〒 -				
	Phone number				
Emergency Contact	Contact Name	Relationship			
	phone number				

※Children under 15 years old(under high school students)must be accompanied by a parent or a guardian.

Climbing Room user Pledge

I submit this application for using this training facility.
 I promise that I will comply the rules and safety precautions of this facility,
 and follow the instructor's directions.
 In case of any accidents , injuries or loss , I will be liable about this incidents.

Date / /

Signature _____