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**CLIMBING NEW ZEALAND**

**Domestic License 2023 2024 Season**

## Climber Information

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| --- | --- | --- |
| **Year: 2023 2024** | **Club Membership:** | **License #:**  **(for CNZ to add)** |
| **First Name:** | **Last Name:** | **Gender:** |
| **DOB:** | **Ethnicity:** | **Email:** |
| **Eligible for NZ Selection (Yes/No)**  **(NZ Passport Holder):** | **Climber Notes: (**any health or medical conditions related to climbing that we need to know about. e.g. colour blind, asthmatic**)** | |

## Emergency Contact

|  |  |  |
| --- | --- | --- |
| **Name:** | **Relationship:** | **Mobile:** |

**Obligations of Competitors:**

By applying for a Domestic License I acknowledge the rules of Climbing New Zealand (hereby known as CNZ) and commit myself to following these rules.

* I have joined the club listed on this form and agree to abide by their rules and regulation.
* I understand and abide by the regulations and rules of the sport and observe the principles of good sportsmanship.
* I will accept, subject to the official appeal procedure, the decisions of the official judges without question or protestation and exercise self-restraint at all times.
* I will abide by the anti-doping policy of CNZ, refer to website for details: <https://www.climbing.nz/anti-doping-information/>
* I will retain my membership numbers and display them in accordance with the competition rules and regulations at all National Competitions.
* I will treat other competitors, officials and others involved in the practice of the sport with full and due respect at all times, both during and outside a competition.
* I accept that Indoor climbing carries with it some degree of risk. Knowing of the risks involved I accept that CNZ cannot guarantee my safety and I still wish to compete at the National Competitions so I expressly agree to assume the risk of injury or damage or death while participating in this activity.
* I consent to receive medical treatment which may be deemed to be necessary by CNZ in the case of injury, illness or accident during the course of competing and also agree to indemnify CNZ in respect of such medical treatment.
* I release, waive and hold harmless CNZ from all claims, losses, damages or expenses during or in conjunction with my participation in any National Competition. To the extent permitted by law, all liability for damage to property, nervous shock or mental injury is excluded together with any costs including legal fees that may be incurred as a result of any such claims, losses, damages or expenses.

I agree that CNZ may:

* Share the information that I provide to it with WADA and any other anti-doping organisation.
* Publish any disciplinary or appeal decision concerning me (including on its website)
* Record my image by any types of equipment (video, photo etc.) and use it for any purpose in relation to and in connection with the interests of sport-climbing.
* Use my email address to send me the CNZ newsletter and other related information and provide my email address to sponsors of events that I enter.

Athlete’s Signature:………………………………………………………………Date:

Parent’s Guardian’s Signature:…………………………………………………Date:

If the athlete is a minor (under 18) or has a disability preventing then to sign this form, a parent or guardian shall sign together with or on behalf of the athlete.