

Declaration to be read and signed by the Applicant:

I hereby apply for Temporary Membership of Stratford-on-Avon Gliding Club and agree to be bound by the Rules and Regulations of the Club. Payment of the Trial Lesson fee entitles the applicant to 28 days membership of the Club.

I declare that:

- I do not suffer from epilepsy or from sudden attacks of fainting or giddiness or from any other disability, mental or physical, which would be likely to result in the flying of a glider by me being a source of danger to myself or to others.
- I am not taking any medication that would preclude me from operating machinery or driving a vehicle, nor am I suffering from any condition for which my GP has advised me not to drive.
- I have not taken part in any activity such as scuba diving in the last 48 hours which would prevent me from travelling on a commercial airline as a passenger.

I understand that it is my responsibility to inform the Club of any change occurring which would affect this declaration of fitness.

I understand that gliding is considered a dangerous activity sport and that I fly at my own risk.

Signature of Applicant:

Date:

Name of SOAGC Witness:

Signature of SOAGC Witness:

Declaration to be signed when the Applicant is under 18 years of age:

I, as lawful parent or guardian of the applicant, give my consent to them partaking in all Club activities including flying in Gliders and hereby agree to be bound by the declaration as stated above. I have read and am satisfied with the Club's Child Protection Policy.

Signature of Guardian:

Relationship:

Name and Full Address:

(FULL NAME AND ADDRESS, BLOCK CAPITALS PLEASE)

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STRATFORD-ON-AVON GLIDING CLUB LTD

**TEMPORARY MEMBERSHIP APPLICATION
AND
MEDICAL DECLARATION FORM**

(For the purpose of a Trial Lesson Flight - Trial Lesson Evening Only)

Your Details:

Please use block capitals throughout.
Details will be held on a computer and will be used for Club purposes only

Name of Group / Company

Title: Mr / Mrs / Ms / Miss / Other (please specify)

Full initials:

Preferred Forename:

Surname:

Address:

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City:

County:

Postcode:

Country (if not UK):

Date of Birth:

Email Address:

Telephone: Home / Mobile (please indicate)

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