

This form creates legally binding obligations between you and the Club. Please read it carefully before signing it.

Rattlesden Gliding Club

Temporary Membership Application



Data Protection Notice:

By completing this form, you agree that the information you provide will be used by the club to keep you informed about club news and events. It will also be used on occasion for the club to share information about its members with the British Gliding Association and for us to understand our membership. Your privacy is important to us and more information about how we treat your personal information is set out in the *Club's Data Protection Policy* which is available at www.rattlesdengliding.com/forms.

Please complete the form clearly using dark ink

1. Voucher Details (if applicable)

Voucher Number	V	Gliding Experience		Trial Lesson		Course	
		Motorglider Experience		Taster		Group Flying	

2. Personal Details

Surname	
Forenames	
Address	
Postcode	
Contact Number	
Email	
Date of birth	

3. Emergency Contact Details

Please provide details below for your next of kin who can be contacted in the event of an emergency -

Name	Relationship	Contact Number

4. Medical Information

When flying under instruction, you will be doing so with a suitably qualified pilot. Please note there are specific medical requirements that individuals need to satisfy before they fly solo however these does not apply to pilots under instruction.

Declaration

I declare that I will bring to the attention of my instructor, in confidence, any medical condition which could cause an adverse effect during flight

I am aware that it is my personal responsibility to ensure that if there is doubt about my fitness to fly, I will not fly and will seek advice from my GP

I understand that that there is a medical requirement for solo flight that I must comply with as set out in BGA Laws and Rules medical standards

I have read and understood the mandatory safety rules and medical notes (these are available at www.rattlesdengliding.com/forms)

Please detail below any important information on medical conditions or disabilities that the club should be aware of in the event of an emergency (e.g. asthma, diabetes, medication or treatments etc.) Please also indicate if there are any special provisions or there is equipment that could be helpful to you in the case of any disability.

--

5. Declaration

In consideration of me being admitted (or continuing) as a temporary member of the Club, I agree to be bound by and observe The Club’s and the British Gliding Association’s regulations. I also agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests that I may bring to the gliding site. Our guidelines can be found at www.rattlesdengliding.com/forms

Applicant Signature (to be completed by parent/guardian if applicant under 18):

Signature Date

--	--

Applicant is under 18:

I declare that I have read and understand the above and additionally agree as the Parent or Legal Guardian of the applicant giving the undertaking, who is a child that I agree both on my behalf and on behalf of the applicant to accept and be bound by the above. By returning this completed form, I agree to my child taking part in the activities of the club.

Relationship

--