



STAFFORDSHIRE GLIDING CLUB LIMITED

TEMPORARY MEMBERSHIP APPLICATION FORM (02/08)

A **I (Full name, block capitals)** _____
Of (Address) _____
_____ **(Post Code)** _____

Date of Birth _____ **Telephone** _____
Mobile _____ Email _____

B **Next of Kin** _____ **(Relationship)** _____ **(Tel No)** _____
Address (if different from above) _____
_____ **(Post Code)** _____

Hereby apply to be admitted as a Temporary Member of Staffordshire Gliding Club Limited (SGC)

C In consideration of being admitted as a Member of the SGC and in view of my being afforded facilities by SGC and/or the British Gliding Association (BGA) for gliding instruction: -

1. I agree to be bound by and observe the rules and operational regulations of SGC and BGA.
2. I undertake that neither I nor my personal representatives nor heirs will make any claim against SGC or BGA or any of their members, officers, servants or agents in respect of:
 - i) Loss or damage including loss or damage to property, or
 - ii) Any personal injury including death which I, my personal representatives, dependants or heirs may suffer while or in consequence of my membership of the Club or as a consequence of my flying in any aircraft or in connection with any gliding or flying operations carried out by SGC or BGA. This indemnity shall not apply to injury, illness, loss or damage resulting from or caused by or materially attributable to the negligence of members, officers, servants or agents of SGC or BGA.
3. I understand that the purpose of the Club in providing the facility of Full Flying Membership is for me to experience and receive instruction in gliding. I also understand that any instructional flights that I undertake as a flying member will be piloted by a Club member approved for such flights and will not be public transport flights.
4. I hereby declare that I do not suffer from epilepsy or from sudden attacks of disabling, fainting or giddiness, or from any other mental or physical disability which would be likely to result in the flying of a glider by me to be a danger to myself or others. I understand that it is my responsibility to inform the Club of any changes occurring which would affect this declaration of physical fitness.
5. I accept that the Club recognises the requirements of The Protection of Children Act 1999, and confirm that I do not have any criminal record or prosecution pending in respect of young persons; moreover I agree to abide by the Club's published Child Protection Policy at all times when I am on the premises.

D **Signed** (Applicant) _____ **(Date)** _____

E I hereby accept the above conditions of membership on behalf of my son / daughter / ward and certify that the information given on this form is correct to the best of my knowledge and belief.

Signature of Parent/Guardian _____ **(Date)** _____
(Required in the case of an applicant under 18 years of age)

F If you have previously flown as a Temporary Member of the SGC (please give the date) _____

G Method by which you heard about SGC _____

H Fee for Temporary Membership £ _____ paid / Voucher Received (tick) / Guest of Member (tick)

I This certifies that the above named applicant is admitted as a probationary Full Flying Member of Staffordshire Gliding Club Limited

J **Signed** _____ **(Full Member of SGC)** for and on behalf of SGC.