APPLICATION FOR TEMPORARY MEMBERSHIP

for flying as crew under instruction only

Voucher / FreeFlight Ref

In consideration of your payment for the Trial Lesson(s), we are very pleased to welcome you to Shalbourne Gliding Club as a member for one month.

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

I hereby apply for one month's membership of Shalbourne Gliding Club, permitting me to fly as **crew under instruction** for my Trial Lesson(s) and thereafter as a temporary member. I understand that the following data will be kept and used for club purposes only, e.g. so that I am kept informed about club news and events.

[More information about how we treat personal information is at https://shalbournegliding.co.uk/privacy-policy/#:~:text=PRIVACY%20POLICY,soon%20as%20possible]

Name: Title Forenames block letters please Surname

Address (inc Postcode):

Date of Birth:

Contact Telephone:

Email: block letters please

[The Mandatory Safety Rules and Medical Notes were/are provided on a separate sheet for you to keep.

If you have not been given a copy, **please request the notes now**.]

I HAVE READ AND UNDERSTOOD THE MANDATORY SAFETY AND MEDICAL NOTES. I agree to follow the guidance provided to me, and to inform any friends & family who come with me to do the same. I undertake to follow any instructions given to me by Instructors and other members of the club.

I will bring to the attention of my instructor, in confidence, any medical condition which might cause an adverse effect during a flight. I am also 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.

Signature of applicant Date

***For applicants under 18**, this form must also be signed by the applicant's parent or guardian. Please complete the declaration over-page.*

This extra declaration must be completed if the Applicant is under 18 years of age:

Parent/Guardian/Carer Declaration

I have read and understand the undertakings above. I am the Parent / Legal Guardian of the Applicant giving the undertaking and agree to them taking part in the activities of the club. I agree both on my behalf and on behalf of the Applicant to accept and be bound by the undertakings.

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Name of Parent/Guardian:	Title Forenames (block letters please) Surname
Address (inc Postcode):	

Signature of Parent/ Guardian	Date

Emergency Contact Details (For junior members, to be completed by parent or carer)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident. Please asterisk your next of kin.

Please supply sufficient details for us to be able to contact them in the event of an emergency. Please note that you will need to ensure we are kept informed of any changes to these details.

Name	Relationship	Telephone