

Bath Wilts & N Dorset Gliding Club

Membership Form

This form is to be used to apply for membership of the club, including Trial Flights. Please tick the relevant membership box below. In consideration of your payment of the Membership fee, we are very pleased to welcome you to the club. If you are under 18, please ask your parents or guardian to sign the form before it is returned.

<input type="checkbox"/> Full member	<input type="checkbox"/> Cadet member	<input type="checkbox"/> Trial Flight
<input type="checkbox"/> Family member	<input type="checkbox"/> Associate member	<input type="checkbox"/> Daily Flying & Reciprocal
<input type="checkbox"/> Junior member	<input type="checkbox"/> Bath Uni GC	<input type="checkbox"/> Other:

Name		
Title	Forenames	Surname

Address including Postcode:		
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Occupation		
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Home phone	Mobile	
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Email	Month of birth	Year of birth
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In consideration of my being admitted as a member of the Club, I agree to be bound by and observe: the Mandatory Safety Rules and Medical Notes; the Club Rules, Child Protection and other Regulations of the Club and the British Gliding Association. 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. The Mandatory Safety Rules and Medical Notes are linked to the website overleaf.

I am over 18 years of age. (Delete if under 18)

Signature of applicant	Date
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The box below must be completed by the parent/guardian if the applicant is under 18 years of age

Name of Parent/Guardian: Title	Forename	Surname
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Address (inc Postcode):		
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I declare that I have read and understand Undertaking A above and that I am the Parent or Legal Guardian of the Applicant giving the undertaking, who is a Minor. I agree both on my behalf and on behalf of the Applicant to accept and be bound by Undertaking A. I am over 18 years of age.

By returning this completed form, I agree to my son / daughter / child in my care* taking part in the activities of the club. (* Please delete as necessary)

Signature of Parent/ Guardian	Date
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Data Protection - permission to add you to our mailing list. **Email** Yes/No **Post** Yes/No

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement linked to the website below. We would like to send you additional information that is relevant to you. We will continue to keep you on the mailing list should you cease to be a member.

You may opt out of receiving these communications at any time by contacting the Club Secretary.

Medical Declaration

When flying under instruction, you will be doing so with a suitably qualified pilot. There are specific medical requirements that individuals need to satisfy before they fly solo. This does not apply to pilots under instruction. Please read the medical notes that have been supplied on the back of the Mandatory Safety Notes. **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 a formal medical declaration countersigned by my regular GP will be required before solo flight as set out in BGA Laws and Rules medical standards.

Signature

Date

OR

I am a solo pilot and have submitted the medical paperwork, as per BGA laws & rules, to the club.

Signature

Date

Emergency Contact Details (For members under age 18 this is 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

Address if different



Safety Rules and Medical Notes

<https://www.bwnd.co.uk/images/docs/membershipinfo.pdf>



Data Privacy

<https://www.bwnd.co.uk/images/docs/dataprivacy.pdf>