



Trent Valley Gliding Club Ltd
 The Airfield
 Kirton In Lindsey
 North Lincolnshire
 DN21 4HY

Telephone: 01652 648777

e-mail: info@tvgc.freeserve.co.uk

President: Edward Leigh MP

APPLICATION FOR TEMPORARY MEMBERSHIP

<i>Please complete any blank boxes</i>			
Title:		DOB:	
Forenames:		Occupation:	
Surname:		Telephone (H):	
Address:		Telephone (M):	
		e-mail address:	
		Amount Paid or Voucher No.:	(State number & types of flights bought/voucher type, etc.)
Post Code:			

Declaration to be read and signed:

<p>I hereby apply for temporary membership of Trent Valley Gliding Club Ltd (TVGC). In consideration of my being a member of Trent Valley Gliding Club Ltd (The Club), and of my being afforded facilities by the Club and/or the British Gliding Association (BGA) for Gliding and/or Gliding Instruction and/or Motor Gliding:</p>
<p>1. I exonerate the said Club and its members and servants and agents from all liability which may arise in respect of any loss or damage to my property or in respect of any injury, fatal or otherwise, which I may suffer while I am a member of the Club. I undertake to make no claim against the Club or its members or servants or agents notwithstanding that such loss or damage or injury was caused or occasioned directly or indirectly by the act of neglect or default of the Club or its members or servants or agents.</p>
<p>2. I agree to be bound by and observe the Rules and Operational Regulations of the Club and of the BGA.</p>
<p>3. I understand that children under the age of 18 should never be left unsupervised on the airfield.</p>
<p>4. I understand that the primary purpose of a gliding lesson is for me to receive flying instruction and that as such the Club is not required to comply with the public transport requirements applicable to passenger carrying flights.</p>
<p>5. I agree to all details of my membership being kept on a computer database.</p>
<p>6. I have received a written and/or verbal safety briefing.</p>
<p>7. I understand that Aviation is considered to be amongst the dangerous sports category.</p>

8. Applicants under 18 years of age:

I, as lawful parent or guardian of the above named person, give my consent to them partaking in all Club activities, including flying in Gliders and hereby agree to be bound by the declarations as stated above.

Name of Parent/Guardian: _____

Relationship to the above: _____ Signed: _____

Address: _____

9. Medical Declaration: (tick box 'A' or 'B' as applicable)

Before flying as a pupil, you must satisfy the requirements of 'Part A' or 'Part B'.

PART A – I hereby declare that I have never suffered from any condition outlined in Category A, and that in the event of my contracting or suspecting any such condition I will cease to fly until I have obtained a medical opinion. (If you suffer from any of the conditions in Category B, then you should obtain a medical opinion before taking up flying).

Category A: Any medical condition which may create or lead to a dangerous situation in flight, especially blackouts of any cause, epilepsy, severe head injury, recurrent fainting or giddiness, high blood pressure, angina, coronary artery disease, insulin dependent diabetes, etc.

Category B: Any medical condition which may cause difficulty when flying, e.g.: bronchitis, asthma, sinus disease, ear disease, defective sight (inability to read a car number plate at 25 yards, corrective glasses may be used), migraine, diabetes of any form, kidney stones, psychiatric disorders, severe motion sickness, any condition requiring treatment with drugs of any kind. If you normally wear glasses, you should always carry a readily accessible spare pair. Minor illness, drugs and the donation of blood will probably make you temporarily unfit to fly.

Possession of a valid PPL, CPL or equivalent Service document will over-ride the BGA requirements.

PART B – I have a valid medical, which conforms to the requirements as stated by the BGA.

Type of Medical: DVLA Group 1
 DVLA Group 2
 JAA Class 1
 JAA Class 2
 Other (please specify) _____

Medical Expiry Date: _____

Signed: _____ Date: _____

TVGC Witness: _____ Print Name: _____ Date: _____