



APPLICATION FOR MEMBERSHIP

INAME (Please Print)

Of (Address)

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Post Code..... PhoneMobile.....

Date of Birth.....E-mail Address.....

I wish to apply for **FULL FLYING/COUNTRY/JUNIOR/STUDENT*** annual Membership of the Darlton Gliding Club Ltd for the purpose of learning to Glide.

I understand I will be notified of my pro-rata Membership fee (Inc. BGA levy)

Medical Declaration

I have never suffered from the following medical conditions and if suspecting that I have developed any of these I will cease to fly until I have obtained a medical opinion.

Group A: - Conditions which may create or lead to a dangerous situation in flight. Blackouts of any cause, (epilepsy, severe head injury, recurrent fainting or giddiness, high blood pressure, angina, coronary artery disease, insulin dependant diabetes).

Group B: - Any medical condition which may cause difficulty while flying. Bronchitis, asthma, sinus disease, defective sight [inability to read car number plate at 25 yards glasses may be used] migraine, diabetes, kidney stones, psychiatric disorders, severe travel or motion sickness.

I have read and agree to the conditions overleaf.

Signed.....Date.....

Witness to Signature

(Any paid up full member of DGC can sign as witness)

Name _____ Signature _____

• * Delete as required

Data Protection

I do/ do not * consent to the circulation of my contact details and email (for club use only) and for electronic delivery of club documents including AGM notification.

Conditions

I am able and agree to be bound by and observe all rules, regulations and by-laws of the Darlton Gliding Club. I agree that no claim shall arise against The Darlton Gliding Club Ltd and /or its servants, agents or members in respect of damage to property occurring at the premises of the clubs and / or its airfield and /or arising out of and/ or happening during the cause of the clubs activities, whether such damage arises out of negligence, breach of statutory duty or other cause whatsoever, and if any claim should be made arising out of such damage, I on behalf of myself, my heirs, executors and assigns, indemnify the clubs and all of their members against costs and / or damages of liability of any nature whatsoever which may be so made or occasioned thereas.

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Next of Kin**Relationship**

Address if Different from Applicant

Applicants Under 18.

Declaration to be signed by parent or legal guardian.

I.....**of**

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hereby declare that I am the parent/ guardian of the minor making this application and form of indemnity. I have read and understood the terms and conditions of the indemnity and I agree on my behalf and on behalf of the named minor to accept and be bound by them.

NB. In the interest of safety young persons under the age of 16 must be supervised by their parent, guardian or delegated adult at all times whilst at the Gliding Club.

Signature.....**Date**.....

In the presence of.....

Witness signature.....

- * Delete as required