

DARLTON GLIDING CLUB LTD  
APPLICATION FOR MEMBERSHIP



1. APPLICATION

I \_\_\_\_\_NAME (Please Print)

Of (ADDRESS)\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_Telephone No \_\_\_\_\_Date of Birth \_\_\_\_\_.

e-mail address \_\_\_\_\_

Hereby apply to become a TEMPORARY / GUEST / RECIPROCAL\* member of Darlton Gliding Club Ltd for the purpose of learning to fly. \*Delete as applicable

(If under 18 parent or guardian must countersign overleaf)

My Temporary/Guest membership/Reciprocal fee of £ \_\_\_\_\_ is submitted.

I further understand that the Temporary Membership permits me access to and use of the club facilities for a Trial Lesson, and one month's membership. This will be in accordance with club rules, except I have no claim to club equipment, or any rights in the club operations, or management.

2. I AGREE

- (i) To be bound by, and observe, the rules regulations and other by-laws of **Darlton Gliding Club Ltd**
- (ii) That no claim shall arise against Darlton Gliding Club (hereafter called 'the club') and/or its servants and/or its agents and/or its members in respect of damage to property at the Premises of the Club and /or its airfield and /or arising out of and/or happening during the cause of the club's 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 club and all its members against cost and/or damages of liability of any nature whatsoever which may be made or occasioned there as.

3. DECLARATION OF HEALTH

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 dependant diabetes etc.).

CATEGORY B: ANY MEDICAL CONDITION WHICH MAY CAUSE DIFFICULTY WHILE FLYING (bronchitis, asthma, sinus disease, defective sight-inability to read car number plates at 25 yards; corrective glasses may be used, migraine, diabetes of any form, kidney stones, psychiatric disorders, severe motion or travel sickness, any condition requiring treatment with drugs of any kind).

If you normally wear glasses, you should always carry a readily accessible spare.

Minor illnesses, drugs and donations of blood will probably make you temporarily unfit to fly.

Possession of a **valid** PPL, CPL or equivalent service medical document will override the BGA requirement.

**I HEREBY DECLARE THAT I HAVE NEVER SUFFERED FROM ANY CONDITION OUTLINED IN CATEGORY A, AND THAT IN THE EVENT OF CONTRACTING OR SUSPECTING ANY SUCH CONDITION, I WILL CEASE TO FLY UNTIL I HAVE OBTAINED A MEDICAL OPINION.**

If you cannot sign this declaration **before flying**, obtain the signature of your regular GP or that of an approved civil aviation authority PPL Medical Examiner.

If you suffer from any of the conditions outlined in category B, you are advised to take medical opinion.

Signature\_\_\_\_\_Date\_\_\_\_\_

Witnesses to Signature & Membership Authorisation.

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

Name\_\_\_\_\_Signature\_\_\_\_\_

**Pilots visiting and wishing to fly P1 MUST have the relevant medical certification.**

**APPLICATIONS UNDER AGE 18**

Declaration to be signed by parent or guardian if any applicant under the age of 18

I \_\_\_\_\_NAME (Please Print).

Of \_\_\_\_\_

\_\_\_\_\_ADDRESS

Hereby declare that I am the parent/guardian of the minor who signed the application form and form of indemnity. I have read and understood the terms and conditions of the indemnity, and agree on my behalf, and on behalf of the minor, to accept and be bound by them. I am over 18 years of age.

**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;\_\_\_\_\_

Witness; \_\_\_\_\_