

Visitor & Temporary Membership Application

To be completed by everyone who wishes to fly at DSGC



Title:	Date of Birth:
First Name(s):	Home Telephone:
Surname:	Mobile Telephone:
Address:	Email:
	Occupation:
Town:	
County:	Next of Kin:
Postcode:	NoK Telephone:
	NoK Email:

In consideration of my being admitted as a member of Devon & Somerset Gliding Club (*the Club*) for 1 day or 3 months* or being afforded gliding facilities by the Club and / or gliding instruction:

I declare that:

1. I agree to be bound by and observe the Rules and Operational Regulations of the Club and the British Gliding Association, copies of which are available in the clubhouse.
2. I agree to the Club holding, either on computer file or otherwise, my personal details as above and using this information as necessary to keep my account up-to-date and to maintain the Club's membership list and for Club business.
3. I understand and agree that as a flying member, I will be expected to undertake scheduled and other tasks in support of the Club's flying operations.
4. I note that any flight I have with an instructor is for instructional purposes.
5. I am not aware of any physical or mental defect which might prevent me from flying a glider or which, when flying, might make me a source of danger to myself or others.
6. I understand that taking part in gliding activities may invalidate personal life or other insurances such as I may have and that the Club does not provide personal insurances.
7. I understand that minor illnesses, inoculations, drugs and the donation of blood may make me temporarily unfit to fly and I undertake not to fly solo unless I am in the required state of health and have provided the Club with a copy of the relevant medical certificate.
8. Any aircraft I may bring to fly at North Hill Airfield is properly insured, has a current ARC, is not due for annual inspection and is fully airworthy and I have received prior permission to bring said aircraft.
9. I understand that it is my duty to inform the Chief Flying Instructor if any change occurs which affects the validity of these declarations.

Signed:	Date:
----------------	--------------

If under 18 years of age, the applicant must obtain the signature of his / her parent or guardian to the above undertaking. A parent /guardian must read our Child Protection policy and sign our Codes of Conduct for Junior Members and Parents.

Signed Parent / Guardian:	Date:
----------------------------------	--------------

For DSGC Office use only

*	Trial lesson Voucher	<input type="checkbox"/>	Voucher Number:		Flight no:	
*	Day Trial Lesson	<input type="checkbox"/>				
	Day / Evening Group	<input type="checkbox"/>	Name of Group:			
*	Summer Course	<input type="checkbox"/>	Course Number:			
	Family & Friends	<input type="checkbox"/>	Member's name:			
	Reciprocal	<input type="checkbox"/>	Home BGA club:		Temp. memb. fee payable?	Yes / No

* Quarterly Temporary member categories