

**Declaration to be read and signed by the Applicant:**

I hereby apply for Reciprocal Membership of Stratford-on-Avon Gliding Club and agree to be bound by the Rules and Regulations of the Club. Reciprocal Membership is provided free of charge only to members of gliding clubs who also do not charge reciprocal membership fees.

I declare that:

- I do not suffer from epilepsy or from sudden attacks of fainting or giddiness or from any other disability, mental or physical, which would be likely to result in the flying of a glider by me being a source of danger to myself or to others.
- I am not taking any medication that would preclude me from operating machinery or driving a vehicle, nor am I suffering from any condition for which my GP has advised me not to drive.
- I have not taken part in any activity such as scuba diving in the last 48 hours which would prevent me from travelling on a commercial airline as a passenger.

I understand that it is my responsibility to inform the Club of any change occurring which would affect this declaration of fitness.

I understand that gliding is considered a dangerous activity sport and that I fly at my own risk.

Signature of Applicant: .....

Date: .....

Name of SOAGC Witness: .....

Signature of SOAGC Witness: .....

**Declaration to be signed when the Applicant is under 18 years of age:**

I, as lawful parent or guardian of the applicant, give my consent to them partaking in all Club activities including flying in Gliders and hereby agree to be bound by the declaration as stated above. I have read and am satisfied with the Club's Child Protection Policy.

Signature of Guardian: .....

Relationship: .....

Name and Full Address: .....

(FULL NAME AND ADDRESS, BLOCK CAPITALS PLEASE) .....

.....

.....

.....

.....

.....



**STRATFORD-ON-AVON GLIDING CLUB LTD**

**RECIPROCAL MEMBERSHIP APPLICATION  
AND  
MEDICAL DECLARATION FORM**

Only use this form if you are currently a member of another gliding club.

**For Club Use:**

(To be completed by the SOAGC witness and retained by the Club)

Date: .....

Name of Visitor: .....

Membership Number: .....

Membership Valid Until: .....

**Your Details:**Please use block capitals throughout.  
Details are treated as confidential and will be held on a computer for Club purposes only

Have you visited Stratford On Avon Gliding Club before? Yes / No

Title: Mr / Mrs / Ms / Miss / Other (please specify) .....

Full initials: .....

Preferred Forename: .....

Surname: .....

Address: .....

City: .....

County: .....

Postcode: .....

Country (if not UK): .....

Date of Birth: .....

Email Address: .....

Telephone: ..... Home / Mobile (please indicate)

Name of Gliding Club: .....

Membership Number: .....

Membership valid until: .....

From time to time we like to inform visitors to Stratford on Avon Gliding Club of special events or offers. Please tick the boxes below if you would **NOT** like us to add you to our circulation list.

Please do NOT add me to your postal mailing list

Please do not add to your email mailing list

**We promise we will not 'spam' you - if you change your mind later, simply let us know  
- we will remove you from our list immediately.**

**Gliding Experience:**

Please complete the following, selecting the most applicable options where appropriate.

Date of Last Flight: ..... / ..... / .....

Total Gliding Hours To Date: .....

Pilot Rating:  Pre-solo  Solo – On daily checks  Solo – Off daily checks

Instructor Rating:  Not an instructor  Basic Instructor  Assistant Instructor  Full Category Instructor  Examiner

Currency:  I am current on winch launches  I am current for solo flying

Completed Badges:  
 Bronze 'C'  
 X-Country Endorsement  
 Silver  
 Gold  
 Diamond

**Glider Details:**

Please complete the following if you wish to fly your own glider at Stratford-On-Avon Gliding Club.

ID of Glider: ..... Type of Glider: .....  
(e.g. Duo Discus, DG303, LS8-18(18m), etc.)

C. of A. Valid To: ..... / ..... / ..... Glider Handicap: .....  
(Current handicap value for cross country flights)

**Medical Declaration:**

If you wish to fly solo or in a P1 capacity at Stratford-On-Avon Gliding Club you must be able to satisfy the medical requirements as laid down by the British Gliding Association which came in to effect on 1<sup>st</sup> March 2003. You may be required to produce your current medical certificate.

**You must complete and sign ONE of the sections below:**

**I have a valid medical which conforms to the requirements as stated by the B.G.A.**

Type of Medical:  DVLA Group 1

DVLA Group 2

JAA Class 1

JAA Class 2

Other (please specify) .....

Medical Expiry Date: ..... / ..... / .....

Signed: ..... Date: .....

**Due to the 'transitional arrangements' allowed by the B.G.A., I do not need a medical declaration until I reach the next significant age as defined in the Medical Requirements for Glider Pilots.**

Signed: ..... Date: .....