



Payment Options:

I understand that all fees made by the club are due immediately. I will ensure that my account has a credit or zero balance at all times, regardless of the payment option chosen

I wish to pay all fees due by cash / cheque on the day

I wish to pay membership fees (and a contribution to my flying fees) by Standing Order.

I have completed the additional forms 'Standing Order Agreement' and 'Standing Order Mandate' which are both enclosed with this form.

I have elected to pay £ on the 1st of every month starting/...../.....

I have paid £ being 3 months advance subscriptions
(subject to a minimum amount as stated by the Glidex system)

All fees to be paid by University of Warwick CG on presentation of invoice

STRATFORD-ON-AVON GLIDING CLUB LTD

**FULL MEMBERSHIP APPLICATION
AND
INDEMNITY FORM**

The Small Print (Terms & Conditions)

- 1 Because of the design of our aircraft, we can only fly you if you:
 - i. are between 145cm and 193cm tall (4'9" to 6'4")
 - ii. weigh between 45kg and 102kg (7 to 16 stone)
- 2 We cannot accept anyone aged 12 or under for a flight of any kind. The responsible guardian of any young person (aged 17 or under) must be present at their first flight and sign the declaration overleaf. Subsequently we will only accept anyone aged 13 or 14 if their responsible guardian is present on the airfield at all times. Stratford on Avon Gliding Club operates a Child Protection Policy.
- 3 Should you suffer from any form of disability, then you should make it known. Whilst we do everything possible to ensure people with disabilities can discover the joys of gliding there are, unfortunately, some conditions that would jeopardise the safety of yourself and others
- 4 Stratford on Avon Gliding Club reserve the right to refuse to allow anyone to fly under the following conditions:
 - iii. The person is under the influence of alcohol or drugs
 - iv. The person is suspected to be under the influence of alcohol and refuses a breathalyser test.
 - v. Any other condition that, in the judgement of the Duty Instructor, would jeopardise the safety of the instructor or any other person on the airfield
 - vi. The person does not comply with items 1,2 or 3 of these conditions
- 5 The decision of the Duty Instructor is final
- 6 All flights are subject to availability on the day
- 7 Stratford on Avon Gliding Club cannot accept liability for any damage to vehicles or property belonging to Club members or members of the public. Gliding is considered to be a dangerous aviation activity – should you fly at Stratford on Avon Gliding Club, you do so entirely at your own risk.

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

Name of Applicant:

Membership Number:

Date: Membership Valid To:

Payment Received

New Member Pack Issued (excluding Warwick University GC members)

Membership Card Issued

- Membership Type:
- Full Flying
 - Junior (Supply educational details overleaf)
 - Cadet (By invitation only)
 - University of Warwick GC
 - Associate (Flying limited to 6 days per membership year)
 - Other

Please read this form in its entirety before signing the declaration. If you are unsure as to the meaning of any part of this form, please ask.

You have the right to change your mind within 28 days of your membership application being accepted. To cancel your membership under this option you must inform the Club Secretary of your decision in writing or by email. Your membership will revert to temporary status, and all charges reviewed on this basis. Any credit on your account will be returned, but any debits will remain outstanding and should be settled within 28 days. All communications from you will be acknowledged by the Club, so please contact us again should you not hear from us.

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:	_____
Occupation:	_____
Telephone	Home:
	Mobile:
Emergency Contact	Name:
	Phone No:

Declaration to be read and signed by the Applicant:

I hereby apply for membership of the Stratford-on-Avon Gliding Club and agree to be bound by the Rules and Regulations of the Club.

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 whilst I am a member of the Club.

I undertake to make no claim against the Club or its members or servants or agents notwithstanding 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.

I hereby declare that I do not suffer from epilepsy or form 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 others and 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.

This application is subject to approval and, until granted, the applicant is deemed to be a temporary member of the Club.

Signature of Applicant

Date

Name of SOAGC Witness

Signature of SOAGC Witness

Gliding is a team sport with many people taking part therefore not everyone your young person meets here will have been DBS checked. However there should always be a number of DBS checked persons on site to oversee the safe running of the club.

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

I, as lawful parent/guardian of the applicant, give my consent to them participating 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

Full Name (*Block capitals*)

Full Address if Different

from Applicant's
(*Block capitals*)

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