



**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 .....

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 or 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(Block capitals) .....

**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 Applicant: .....

Membership Number: .....

Membership Valid To: .....

Name of home Gliding Club: .....

Membership Number: .....

Membership Valid To: .....

**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: .....

Date of Last Flight: ..... Total Gliding Hours To Date: .....

Completed Badges:  Bronze 'C'  X-Country Endorsement Silver  Gold  DiamondPilot Rating:  Pre-solo Solo – On daily checks  Solo – Off daily checksInstructor Rating:  Basic Instructor  Assistant Instructor Full Category Instructor  ExaminerCurrency:  I am current on winch launches I am current for solo flying**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 1st 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 requirements stated by the B.G.A.Type of Medical:  DVLA Group 1  DVLA Group 2 LAPL JAA Class 1  JAA Class 2 EASA Class 1  EASA Class2

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: .....