INTERNAL. Duty pilot please complete V4
Voucher type: Virgin, Red, Blue, PSGC
Voucher number: PIN:
If paid on the day amount paid. £
Card / Card / Cheque.

Application for temporary membership

This form creates legally binding obligations between you and the Club.
You should read it carefully before signing it.

☐ I am applying for temporary membership to fly in gliders under instruction.

☐ I am a member of another BGA club and apply for temporary membership. (*Please complete the medical declaration section*).

If you are under 18, please ask your parent or guardian to sign the form.

Name:	Title Forename Surname
Address (with Postcode):	
Tel no.:	
Email:	

Undertaking A:
I agree to be bound by and observe: the ***Safety and Medical Notes*** which I will read. I also agree to consider any guidance and follow any instructions that I may be given and to take responsibility for my actions and those of any guests that I may bring to the gliding site.

☐ **I will read and understand the *SAFETY AND MEDICAL NOTES, before I fly.***

I am over 18 years of age. If under 18 see **Undertaking B** below to be signed by a parent or guardian.

Signature of applicant Date

Undertaking B. Applicable only if applicant is under 18
I declare that I have read and understand **Undertaking A** above and that I am the parent or legal guardian of the applicant giving the undertaking, who is a minor. I agree both on my behalf and on behalf of the applicant to accept and be bound by Undertaking A. I am over 18 years of age.
By returning this completed form, I agree to my son / daughter / child in my care* taking part in the activities of the club. (* Please delete as necessary)

Signature of Parent or Guardian Date

How did you hear of us?	

Medical Declaration: (Visiting solo pilots only)

I am aware that it is my personal responsibility to ensure that if there is doubt about my fitness to fly, I will not fly and will seek advice from my GP.

☐ I am a Solo Pilot and have submitted the relevant medical paperwork as per BGA Laws & Rules and is held by the

_____Gliding Club.

Signature

Emergency Information.

If you are applying for temporary membership AND you are accompanied by a responsible person who can supply the appropriate information should the need arise, then all the below may be omitted.

☐ Please tick if this is the case.

Please note: Access to your emergency information will be strictly limited. The information you share here will be stored securely and only be accessed if required. It will not be shared or used for any other purpose. In the event of an emergency, we will share your information with appropriate agencies if it is in your vital interest to do so.

Emergency Contact Details

Please provide contact details of who we should contact in the event of an incident, emergency, or accident.

Name	Relationship	Telephone

Medical information

Please detail below any important information on medical conditions or disabilities that we should be aware of in the event of an emergency (e.g. epilepsy, asthma, diabetes, medication or treatments etc.) Please also indicate if there is any special provision or equipment that could be helpful to you in the case of any disability.
