

TEMPORARY MEMBERSHIP APPLICATION. PORTSMOUTH NAVAL GLIDING CENTRE

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

- ☐ I apply for temporary membership to fly in gliders or motor gliders as crew under instruction.
☐ I am a member of another BGA club and apply for temporary membership.

Name of club.....

If you are under 18, please ask your parents or guardian to sign the form before it is returned

APPLICANT DETAILS

Title:		Full Name:		Date of birth DD/MM/YY	/ /
Email address					
Full Postal address inc Post Code					
Telephone:					

Suitability for Flight with PNGC

All passengers in PNGC gliders must meet the following criteria to be permitted to fly:

Minimum age:	12	
Minimum height (in shoes):	146 cm (4ft 9½ in)	Maximum height 193cm (6ft 4in)
Minimum weight:	38 kg (7st)	Maximum weight 228 Lbs, 103 KG 16st 4 Lbs

Undertaking A:

In consideration of my being admitted [or continuing] as a member of the Club, I agree to be bound by and observe:

- The Mandatory Safety Rules and Medical Notes;
- The Flying Rules, Child Protection, Member Code of Conduct and other Regulations of the Club and the British Gliding Association.
- Any guidance and to 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.

Note: The Mandatory Safety Rules and Medical Notes are provided on a separate sheet displayed in the log cabin. Should you wish to have a copy of the sheet, please request it now.

I HAVE READ AND UNDERSTOOD THE ABOVE AND CAN CONFIRM THAT I CONSENT TO TAKE PART IN CLUB FLYING.

Signature of Applicant: I am over 18 years of age (delete if under 18*)		Date:	/ /
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Data Protection Declaration:

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement in the welcome pack and displaced in the log cabin and on the club web site.

We would like to send you additional information that is relevant to you.

By signing this form, you consent to receive our newsletter and other electronic communications from us about our upcoming events, offers and ways for you to get involved with the sport, including goods and services, information and news about gliding.

You may opt out of receiving these communications at any time by contacting the Club membership Secretary memsec@pngc.co.uk

Medical Declaration

When flying under instruction, you will be doing so with a suitably qualified pilot. There are specific medical requirements that individuals need to satisfy before they fly solo. This does not apply to pilots under instruction.

Please read the medical notes that have been supplied in the log cabin on the back of the Mandatory Safety Notes.

I declare that I will bring to the attention of my instructor, in confidence, any medical condition which could cause an adverse effect during flight.

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 understand that there is a medical requirement for solo flight that I must comply with as set out in BGA Laws and Rules medical standards.

Medical Information

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

Please Note: Access to your emergency information will be strictly limited. The information you share will be filed securely and held in the club's emergency response file where it will 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 the appropriate agencies if it is in your vital interest to do so.

The following section must be completed if the Applicant is under 18 years of age. (Otherwise continue with Data Protection & Medical Declarations below :)			
Details of Parent / Guardian:			
Title:		Full Name:	
Address (inc Postcode)			
Telephone:			
Undertaking B: 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 / Guardian:			Date: / /

Emergency contact details (For Junior members, to be completed by parent or guardian)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident. Please asterisk your next of kin. Please supply sufficient details for us to be able to contact them in event of an emergency. **Please note we will need to be kept informed of any changes**

Name	Relationship	Telephone
Signature of Parent / Guardian:		Date / /