



DARTMOOR GLIDING SOCIETY

TEMPORARY MEMBERSHIP FORM

This form creates legally binding obligations between you and the Society. Please read it carefully before signing it.

1. Application for Temporary Membership

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

I apply for membership to fly in gliders as crew under instruction.

Name	
Address & postcode	
Home Telephone No.	
Mobile	Email
Date of Birth	

Undertaking A. In consideration of my being admitted as a temporary member or guest of the Society, I agree to be bound by and observe the Mandatory Safety Rules and Medical Notes; the Rules and Flying, Child Protection and other Regulations of the Society and the British Gliding Association. I also agree to follow any instructions that I may be given and to take responsibility for any guests that I may bring to the gliding site.

I have read and understood the mandatory safety rules, medical notes and notices of this form (please tick)

Note: *The Mandatory Safety Rules and Medical Notes are provided on a separate sheet for you to keep for your information. You should have been supplied with the sheet when you were given this form. If you have not been given the sheet, please ask for it now.*

I am over 18 years of age (*delete if under 18**)

Date	Signature of Applicant
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The following section must be completed if the Applicant is under 18 years of age.

Name of Parent or Guardian
Address and Postcode



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Undertaking B I have read and understood Undertaking A above and 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. (* delete as necessary)

Date	Signature of Parent or Guardian
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The following sections must also be countersigned by the parent or guardian if the Applicant is under 18 years of age.

2. Data Protection Declaration

I understand that my information may be used by the Society for Society purposes and that I may be informed about Society news and events. I understand that on occasion it is necessary for the Society to share information about its members with the British Gliding Association. More information about how we treat your personal information is set out in the Society's Data Protection Policy.

Date	Signature
Date	Signature of Parent or Guardian

3. Photography and Publicity For the purposes of promoting the sport of gliding, the Society uses a number of means to publicise its activities including social media, a blog on its website and general publicity material. Inputs to these media include from time to time a photograph of participants recording their visit. Please indicate below if you do not wish a photograph taken whilst attending the Society's airfield to be used in this way.

I do / do not object to the use of photographs used for this purpose (*delete as necessary)

Date	Signature
Date	Signature of Parent or Guardian

4. Medical Declaration & Emergency Contact Details

Please detail below any important information on medical conditions or disabilities that the Society 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. By providing this information you consent to it being used/disclosed in the case of an emergency. (If none, write "none")

GP Name, Surgery & Tel No. (optional)



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5. Next of Kin or Emergency Contact *Please supply sufficient details for us to be able to contact them in the event of an emergency. You will need to ensure we are kept informed of any changes to these details during your membership.*

Name	Relationship
Address	
Telephone No/s	

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 as a part 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 a I must make a formal medical declaration before solo flight as set out in BGA Laws and Rules Medical Standards.

Date	Signature
Date	Signature of Parent or Guardian
How did you hear about us? Website/Voucher Company/Friends/Other	

Notices

1. By making this application the applicant is granting an indemnity to the Dartmoor Gliding Society against all claims of damages resulting from death, injury or loss or damage to personal effects as far as permitted under English Law.
2. Whilst the Dartmoor Gliding Society obtain limited insurance cover for Members, Temporary Members and Visitors whilst using the Society's Facilities, Members, Temporary Members and Visitors should satisfy themselves that the cover provided is adequate for their needs.
3. Pilots wishing to fly solo or exercise other privileges must comply with medical certification requirements of BGA/EASA as appropriate and submit a DGS Medical Declaration Form.