

Trent Valley Gliding Club Ltd
The Airfield
Kirton In Lindsey
North Lincolnshire
DN21 4GG

t: 01652 648777 e: info@tvgc.org.uk w: www.tvgc.org.uk

President: Edward Leigh MP

APPLICATION FOR TEMPORARY MEMBERSHIP

			Please complete all blank boxes		
Title:		Date of Birth:			
Forenam	nes:	Occupation:			
Surname	e:	Telephone (H):			
Address:	:	Telephone (M):			
		e-mail address:			
		Amount Paid or Voucher No.:	(State number & types of flights bought/voucher type, etc. OR reciprocal member):		
Post Coo	de:				
Declaration to be read and signed:					
I hereby apply for temporary membership of Trent Valley Gliding Club Ltd (TVGC). In consideration of my being a member of Trent Valley Gliding Club Ltd (The Club), and of my being afforded facilities by the Club and/or the British Gliding Association (BGA) for Gliding and/or Gliding Instruction and/or Motor Gliding:					
Brit	. I agree to be bound by and observe the Rules, Policies and Operational Regulations of the Club and of the British Gliding Association. 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 understand that the primary purpose of a gliding lesson is for me to receive flying instruction and that as such the Club is not required to comply with the public transport requirements applicable to passenger carrying flights.				
	Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement [http://tvgc.org.uk/privacy].				
We would like to send you additional information that is relevant to you. By ticking the boxes, you consent to receive our newsletter and other email communications from us about our upcoming events, offers and ways for you to get involved with the sport:					
	by post ☐ email ☐ telephone	e 🗌 text me	essage		
	u may opt out of receiving these communico@tvgc.org.uk]	cations at any t	time by contacting the Club Secretary		
4. I ha	I have received a written and/or verbal safety briefing.				
5. I ur	I understand that Aviation is considered to be amongst the dangerous sports category.				

6.	Applicants under 18 years of age:			
		ge of 18 years, of the above-named person, give my consent to them ng in Gliders and hereby agree on both my behalf and on behalf of the ations as stated herein.		
	Name of Parent/Guardian:			
	Relationship to the above:	Signed:		
	Address:			
	,			
		Telephone:		
7.	Medical Declaration:			
	licence to drive a private car. When flying under instruction, you will be requirements that individuals need to satisf. The following conditions may cause difficulties.	e doing so with a suitably qualified pilot. There are specific medically before they fly solo. This does not apply to pilots under instruction.		
	serious conditions, it may be wise to obtain	medical opinion):		
	Blackouts from any cause	Ear disease		
	Epilepsy	Defective vision		
	Severe head injury	Migraine		
	Recurrent fainting or giddiness	Diabetes of any form		
	High blood pressure	Kidney stones		
	Angina	Psychiatric disorders		
	Coronary artery disease	Severe motion or travel sickness		
	Bronchitis	Sinus disease		
	Asthma	Other conditions requiring treatment with drugs		
	and you should seek medical advice before I declare that I will bring to the attentic could cause an adverse effect during flig	on of my instructor, in confidence, any medical condition which		
	will not fly and will seek advice from my			
I understand that a formal medical declaration countersigned by my regular GP will be required before solo flight as set out in BGA Laws and Rules medical standards.				
	OR			
	☐ I am a solo pilot and have submitted the relevant medical paperwork, as per BGA Laws & Rules, is held by:			
		Gliding Club.		
Sig	ned:	Date:		
۲ro	posed by (name):	re of a Club member who acts as the proposer)		
	(Name and signatur	e or a Grup member who acts as the proposer)		