



Short Term Membership Form - Groups

(For a Group of visitors attending a Trial Lesson event)

Cambridge Gliding Centre

Please read the following notes before completing this application.

Cambridge Gliding Centre is the trading name of Cambridge Gliding Club Ltd which is a member's Club and as such does not give passenger flights or joy rides to the general public. We do, however, welcome new members and appreciate that you may be uncertain whether or not you wish to commit yourself to a full year's subscription from the outset.

Accordingly we offer short term membership to beginners on the terms set out in this form, including these notes.

Your first flight, like the first flight of any other pupil, will essentially give you an air experience, but the pilot in charge will be a Club instructor. This, and any subsequent flights you take during the validity of this Short Term Membership, the duration of which is shown below, will form part of the standard instruction course.

Log books, which are a BGA requirement if you undertake more than an initial trial lesson, are on sale in the Club office.

You should also read the Club rules, a copy of which you will also find in the Office.

The following declaration must be completed before you fly.

I, the undersigned, hereby apply for short term membership of Cambridge Gliding Club Ltd for the period shown below.

I hereby undertake to observe the rules and regulations of the Club and to pay promptly all flying and other charges as required by the Rules and regulations, or as determined by the Committee of the Club, as I incur them.

BGA Declaration of Medical Fitness

I hereby declare that I have never suffered from any of the following, which I understand may lead to a dangerous situation in flight:

Epilepsy, fits, severe head injury, recurrent fainting, giddiness or blackouts, unusually high blood pressure, a coronary.

I am not taking insulin regularly for the control of diabetes. I understand that minor illnesses, inoculations, drugs or the donation of blood may make me temporarily unfit unless I am in a normal state of health. I understand that it is my responsibility to inform the Club if any change occurs which affects this declaration of fitness.

I also declare that I will bring to the attention of my Instructor any medical condition which could cause an adverse effect during flight.

Group Organiser

Please use block capitals

Name _____ e-mail _____

Organisation _____ Tel No _____

Address _____ Mobile _____

_____ Post Code _____

Signature _____ Date _____

Period of Membership: Three months From: _____

Number	Name	Signature	Date of birth if under 18	Signature of Parent or guardian.
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