## SGU Walking on Air Ltd.

Course / Membership Application

Membership	
Number	

Name:				
Address:				
Postcode:				
Telephone:				
Mobile:				
Email:				
Date of Birth:				
Disability:				
A II I II II II II I				
Any other known medical conditions				
Type of Membership (circle the correct one):	Full	Temporary	Occasional	Junior
Fee Payable £[ ]				
Next of kin: [	]	Relationship:	[	]
Address:				
Telephone:				
Mobile:				
Email:				
Previous flying experience: Type [		] Hours [		1
				-
Medical Declaration:				

## I Declare That:

- 1. To the best of my knowledge I have never suffered from any of the following conditions which may create or lead to a dangerous situation in flight: Epilepsy, fits, severe head injury, recurrent fainting, giddiness or blackouts, unusually high blood pressure, coronary heart disease.
- 2. In the event of my contracting or suspecting any of the above conditions or any other physical or mental condition which might result in my being a danger to myself or others whilst flying a glider, I will cease to fly until I have obtained a medical opinion and authority to resume flying.

## Notes:

The following conditions may cause difficulty while flying:

- chronic arthritis
- severe asthma
- rheumatic fever
- chronic sinus or ear disease
- diabetes
- kidney stones
- severe travel or motion sickness
- severe migraine
- any psychiatric condition.

If you suffer or have suffered from any of these conditions, you are advised to take medical advice before flying.

The following will probably make you temporarily unfit to fly:

- · minor illnesses including head colds
- medication
- donation of blood.

If you wear spectacles, you are required to carry a readily accessible spare pair while flying.

I apply to be admitted as a member of SGU Walking on Air. I affirm that I have read and understood the medical declaration and I agree to be bound by the rules and gliding regulations of the club.

Signed:	Date:		
Signed by parent or guardian if the applicant is under 18 years of age.			
Signed:	Date:		
Witnessed by:			
Name:	Name:		
Address:	Address:		
Date membership starts:			
Date membership expires:			