



Portmoak Airfield
Scotlandwell
KINROSS
KY13 9JJ

Membership Application

Flying a glider is great fun and, with the help of Walking on Air, most disabilities do not prevent flying. However, safety is of paramount importance so it is imperative that we fully understand your abilities. Therefore, please answer the following questions as fully as possible.

Name: Date of Birth:

Email: Height: Weight: (kg)

Address:

.....
Home Telephone: Mobile telephone:

Name & telephone of carer (if any):

Name, tel & address of next of kin:

.....
Disability:

.....
Any learning difficulty or other medical condition:

.....
Do you ever suffer from spasms, epilepsy, fits, giddiness, loss of consciousness, diabetes, high blood pressure, coronary heart disease, travel or motion sickness, sinus or ear disease? If so, give details:

.....
Medication taken regularly:

.....
Do you hold a valid driving licence?

.....
Please describe your level of upper body strength and your ability to use and control your arms.

.....
Can you get into and out of a bath unaided?

.....
Anything else we should know about?

You must read and sign the declaration overleaf.

Declaration

1. The information I have given on this form is correct and complete to the best of my knowledge and belief. I am not aware of any physical or mental defect which might prevent me from flying a glider or which, when flying, might make me a source of danger to myself or others. I agree to notify my Instructor and Walking on Air of any change in my medical condition.
2. I agree to my next of kin and/or carer being consulted on my medical abilities.
3. I agree to my medical condition being referred to a medical practitioner for advice on suitability to fly.
4. I understand that some minor illnesses and medicines may make me temporarily unfit to fly and I undertake not to fly solo unless I am in the required state of health and have provided Walking on Air with a copy of any relevant medical certificate.
5. I note that any flight I have with an instructor is for instructional purposes.
6. I understand that taking part in gliding activities are not risk free and participation may invalidate personal, life or any other insurances such as I may have and that Walking on Air does not provide personal insurances.
7. I agree to be bound by and observe the Club's Code of Conduct. This is available at:
https://pilots.scottishglidingcentre.co.uk/_media/governance/181116-sgu-code-of-conduct.pdf

Signed:..... Date: