SOUTHDOWN GLIDING CLUB

VISITING PILOTS – TEMPORARY MEMBERSHIP APPLICATION

Full Name			
Address			
		Post Code	
Telephone No:		Mobile No:	
E-mail address			
Parent Club		Club Membership No:	
Flying own glider	YES / NO	Full Glider Registration	
Flying SGC glider	YES / NO		
SPL Number		Medical held	

I apply to become a Temporary Member of the Southdown Gliding Club for the purpose of flying in gliders or aeroplanes as pilot in command or crew under instruction. In consideration of my being admitted as a Temporary Member of the Club, I undertake and agree:-

(a) To be bound by and observe any Rules, Regulations and By-Laws of the Club as advised to me by the CFI and/or SGC Instructors on Duty.

(b) That if so requested, I shall reimburse the Club in respect of any loss suffered by the Club (other than amounts recoverable by the Club under its insurance) or of any damage caused by any act or omission by me to any aircraft property or equipment. I have been certified as medically fit to fly in accordance with BGA Regulations and have a valid medical certificate.

(c) I have valid insurance for my glider.

(d) I have read the "Flying at Parham" document (available in the "Visiting Pilots" section of the Club website: https://www.southdowngliding.co.uk/visiting-gliders/)

(e) I have provided a copy of my SPL and medical to the office.

To Be Completed by SGC:

Signed		Date	
In the presence of Witness signature			
Witness Name		Occupation	
Address			

Action by Duty Instructor: *(please refer to https://www.southdowngliding.co.uk/about us/fees& tariffs, for current fees)*

- Flying charges explained (*Visitor advised that all charges, including membership charge and trailer parking, must be paid before they leave*) Yes / No
- Daily charge(s) paid / received (*excluding Bognor, Lasham and Ringmer pilots*) Yes / No
- Trailer Parking fee paid / received Yes / No
- Endorsement by Parent Club's CFI to visit Southdown GC Yes / No
- SPL, Medical, Insurance, & Log book inspected Yes / No
- Authorised by Duty Instructor to fly Own / SGC Glider * (* *Delete as appropriate*) Yes / No
- Copy of SPL provided Yes / No

Duty Instructor Signature			
Print Name		Date	

Emergency Information

Visiting Pilot's name

Please note: Access to your emergency information will be strictly limited. The information you share here will be filed securely and placed in the Club's emergency response file where it will only be accessed if required. It will not be shared or used for any other purpose.
In the event of an emergency, we will share your information with appropriate agencies if it is in your vital interest to do so.

Emergency Contact Details (For Minors, to be completed by parent or legal guardian)

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident. Please asterisk your next of kin.
Please supply sufficient details for us to be able to contact them in the event of an emergency. Please note that you will need to ensure we are kept informed of any changes to these details.

Name	Relationship	Telephone

SPL Number:

Are you within SPL Recency Requirements: Yes / No

Have you flown at our site before: Yes / No

Medical Type (shown) Yes / No

Glider Arc Certificate in date: Yes / No

Glider Insurance Shown: Yes / No