

Scottish Gliding Centre - Application for 5-Day Gliding Course

Please print out, complete and send with cheque to the following address:

The Scottish Gliding Centre
Portmoak Airfield
Scotlandwell
Near Kinross
KY13 9JJ

To: The Scottish Gliding Centre, Portmoak Airfield, Scotlandwell, near Kinross, KY13 9JJ

Applicant

Full Name _____ Date of Birth _____

Address _____

_____ Post Code _____

Telephone Number _____

Next of Kin

Full Name _____ Relationship _____

Address _____

_____ Post Code _____

Telephone Number _____

I wish to apply for course number _____ year _____

Residential _____ Non Residential _____ (Please tick)

I agree to be bound by the rules, byelaws and gliding regulations of the Scottish Gliding Centre as detailed in the Site Briefing Notes and elsewhere.

Previous flying experience.

Gliding hours _____ Gliding hours _____ Badges _____ Power hours _____
(total) (solo)

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 be a result of my being a danger to myself or others whilst flying a glider, I will cease to fly until I have obtained medical opinion and authority to resume flying.

Notes: The following conditions may cause difficulty while flying: chronic bronchitis, 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 any of these conditions you are advised to take medical opinion before flying.

The following will probably make you temporarily unfit to fly: minor illnesses including head colds, medication, and donation of blood. If you normally wear spectacles you must always carry a readily accessible spare pair whilst flying.

Signature of Applicant:

Signed _____ Dated _____

Signature of parent or guardian if applicant is under 18 years of age:

Signed _____ Dated _____

Name _____

Address _____

Witnessed by:

Name _____

Name _____

Address _____

Address _____

I enclose a deposit of £50. A further payment of £330 (non-residential) or £465 (residential) is payable on registration for the first day of the course. This will cover the remainder of the course fee and a nominal £200 worth of flying fees. Any shortfall (or excess) payment will be payable (or refunded) within one month of the end of the course.