



**SCOTTISH
GLIDING CENTRE**

Application for 5-Day Gliding Course 2020

*Please print out, complete and email back to office@scottishglidingcentre.co.uk
To make payment, email a request for SGC bank details for BACS or call the office +44
(0)1592 840543 to make a phone payment*

The Scottish GLIDING Centre
Portmoak Airfield
Scotlandwell
KY13 9JJ
+44 (0)1592 840543
office@scottishglidingcentre.co.uk

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 _____

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 _____ Gliding _____ Power Hours _____
(Total) (Solo) Qualifications

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 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 illness including head colds, medication and donations of blood. If you normally wear spectacles you must always carry a readily accessible pair whilst flying.

I enclose a deposit of £115. A further payment of £500 is payable on registration for the first day of the course. Any shortfall (or excess) will be payable (or refunded) within one month of the end of the course.

Signature of Applicant

Signed _____

Dated _____