

THE UPWARD BOUND TRUST

APPLICATION FOR TEMPORARY MEMBERSHIP

Please use CAPITAL LETTERS throughout.

Those under 18 years of age MUST have their parents signature on the form)

Name:

Address:

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Tel.No. (including STD code): Date of Birth:

Mobile Tel. No. : e-mail Address:

I, THE UNDERSIGNED, OF THE ADDRESS STATED ABOVE WISHING TO BE A MEMBER OF THE UPWARD BOUND TRUST AND TO FLY IN GLIDERS OWNED OR OPERATED BY THE TRUST HEREBY AGREE TO ABIDE BY THE RULES OF THE TRUST AND OF THE BRITISH GLIDING ASSOCIATION AND WILL ADHERE TO ALL COMMANDS GIVEN BY THE TRUST INSTRUCTORS:

Signed: Date:

In the presence of (signature of witness):

Full Name :

Of (address of witness):

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MEDICAL DECLARATION (to be signed by all applicants)

I DECLARE THAT I DO NOT SUFFER FROM ANY CONDITION OR ILLNESS WHICH MAY CREATE OR LEAD TO A DANGEROUS SITUATION IN FLIGHT. (If in doubt consult your doctor).

Signed:.....

Endorsed (to be signed by parent if applicant is under 18):

DECLARATION TO BE SIGNED BY THE PARENT OR LEGAL GUARDIAN OF THOSE UNDER EIGHTEEN YEARS OF AGE.

I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THE ABOVE INDEMNITY AND AGREE ON BEHALF OF MYSELF AND THE ABOVE NAMED TO BE BOUND BY THEM. I AM OVER EIGHTEEN YEARS OF AGE.

Signed: Date:

Full Name: Relationship to Applicant:

Contact No. / Mobile No. :.....

In the presence of (signature of witness):

Full Name :

Of (address of witness):

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Insurance:

Any fee paid to the Upward Bound Trust does not include personal insurance cover. It is the responsibility of the applicant to take out any such insurance if this is required by them.