

MEMBERSHIP DETAILS**WESTERN PROVINCE SPORT PARACHUTE CLUB***For Office Use only*

Membership Type	Single	Family	FTJ	Pax	Tandem	Temp	Other
Control Checks	Weight	Age > 18	Currency	Equipment	Indemnity Signed		

YOUR DETAILS*Please print all details below*

First Names _____ Known As _____

Surname _____ DOB _____ Gender M F X

ID or Passport number _____ Nationality _____ Weight _____

Demographic PDI Non-PDI Foreign

For the purposes of this document only, PDI refers to SA citizens who are black, Indian or coloured and excludes individuals belonging to such communities from any other country. Non-PDI refers to SA citizens who do not fall into the PDI category above. Foreign refers to all individuals from any country other than SA. PASA requires this information for demographic reporting to the Aero Club and SASCOC.

Medical Aid Name _____ Medical Aid Number _____

Email Address _____ Contact Number _____

Residential address _____

_____ Postal Code _____

Are you a full-time scholar/student? YES NO (Present your current student card or attach a photocopy.)

Occupation _____ Institution or Employer's Name _____

NEXT OF KIN (WHO TO CONTACT IN CASE OF AN EMERGENCY)

First Names _____ Surname _____

Relationship _____

E-mail Address _____ Contact Number _____

Residential address (if the same as residential address above, tick yes, otherwise complete) YES NO

Residential address _____

_____ Postal Code _____

Have you previously done a tandem skydive? YES NO Location _____**WHERE DID YOU HEAR ABOUT THE CLUB (ONLY FOR NEW MEMBERS)?**skydive.co.za skydiveschool.co.za Facebook Instagram Google Other _____Newspaper/Magazine Current Member Bumper Sticker Robertson Tourism Advert/Flyer Other Details _____**PARACHUTING HISTORY (NOT TO BE COMPLETED BY FIRST TIME JUMPER)**Name/Location of Your Home DZ _____ Own Gear? YES NO

Time in Sport _____ Total Jumps _____ Date of Last Jump _____

Number of Rigs _____ Reserve Repack Date (Rig 1) _____ Reserve Repack Date (Rig 2) _____

COMPLETE WHICHEVER IS APPLICABLE

Discipline 1 _____ Progression level _____ CAT level _____ Licence no. _____

Discipline 2 _____ Progression level _____ CAT level _____ Licence no. _____

Ratings S/L Instr. AFF Instr. Tandem Instr. Rigger JM PRO Coach

National Affiliation _____ National Affiliation No _____

Safety officer to sign off as proof of logbook and equipment check _____ Rating _____

PLEASE TURN OVER TO READ, COMPLETE AND SIGN THE INDEMNITY DECLARATION

INDEMNITY DECLARATION

I, the undersigned, do hereby apply for membership of the Western Province Sport Parachute Club ("the Club"). By my signature hereto I hereby undertake that I will participate in all the Club's parachuting and/or skydiving activities of any nature and/or ancillary activities at my own risk, and being aware of all the hazards involved in parachuting and/or skydiving do hereby for myself, my heirs, my executors and assigns, indemnify and hold the Club and/or its Executive Committee and/or its members and/or its servants, and/or agents, and/or its aircraft airlift suppliers and/or its landlord harmless against all claims for damages at the instance of myself and/or any member of my family for any loss or injury sustained by me as a result of anything done or omitted by the said Club and/or its Executive Committee and/or its members and/or its servants, and/or agents, and/or its aircraft airlift suppliers and/or its landlord, whether negligent or otherwise, up to and including my date of application for membership and/or during the period of membership.

I the undersigned, acknowledge that certain medical conditions and/or factors within my medical history including without limiting the generality hereof, epilepsy, diabetes, heart conditions, blackouts, or dizzy spells, high or low blood pressure, asthma, ear problems, previous fractures or injuries, being under medication or treatment, or being addicted to alcohol or other habit-forming drugs may increase or introduce new risks into the sport of parachuting and/or skydiving. I further acknowledge that these factors are within my own personal knowledge and I accordingly undertake to notify the Chief Instructor or Safety Officer of the Club in writing of any such factor of which I am aware in order that the risks associated with such factor may be explained to me. I acknowledge that the Club shall in no way assume responsibility for any aspect of my medical condition and the Club's responsibility shall be limited to explaining the associated risks to me.

MEDICAL HISTORY

Do you suffer from, or are you being treated for (tick the appropriate answer)?

- | | | | | | |
|---------------------------|------------------------------|-----------------------------|--------------------|------------------------------|-----------------------------|
| Epilepsy | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Ear problems | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Dizziness | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Heart condition | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Infections | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Blackouts or dizzy spells | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Corrective Lenses | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| High blood pressure | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Low blood pressure | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Single eye/limited vision | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Asthma | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

Previous fractures/injuries: If YES, briefly describe:

- Legs YES NO _____
- Ankles YES NO _____
- Back YES NO _____
- Neck YES NO _____
- Wrists YES NO _____
- Shoulders YES NO _____

Are you currently under medication? YES NO

If YES, name/describe medication _____

Blood Group _____ Allergies _____

Are you addicted to alcohol or other habit-forming drugs? YES NO

I warrant that the information contained in this application form is true and correct and I hereby undertake to accept and abide by the Constitution of the Club and any other rules promulgated by the Club in whatsoever manner.

In the interpretation of this indemnity, the invalidity of any one provision or part thereof shall not affect the validity of the remainder of the indemnity. No warranty or representation not reduced to writing and/or reflected herein shall be binding on the Club.

Dated at (Place) _____ On The _____

Signature of The Applicant *** _____

Full Name of Applicant _____

As Witness _____

Signed in confirmation of my application for membership, subject to the conditions on this application form, which I acknowledge I have read, understand and accept.

*** **Note:** If the applicant is below the age of 18 years, please complete and sign a Parental Consent Form