

MEMBERSHIP DETAILS

WESTERN PROVINCE SPORT PARACHUTE CLUB

For Office Use only

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

Please print all details below

OWN DETAILS

First names _____ Known as _____

Surname _____ Age (years) _____ Gender: M F X

ID or Passport number _____ Date of birth _____ Weight _____

Demographic: PDI Non-PDI Foreign

For the purposes of this document only, PDI refers to SA citizens who are Black, Indian or Coloured persons 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 SASCO.

Medical Aid Name _____ Medical Aid Number _____

Email _____ Cell _____ Phone _____

Residential Address _____

Postal Code _____

Are you a full time scholar / student? YES NO (Present your current student card or attach a photocopy of the card)**NEXT OF KIN** (Who to contact in case of an emergency)

First Name _____ Surname _____ Relationship _____

Contact Number _____ Email _____

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 Skydive Robertson?**Internet: skydive.co.za skydiveschool.co.za Facebook Instagram Google Other: _____Robertson Tourism Advert/Flyer Bumper Sticker Newspaper/Magazine: _____

Club Member: _____ Other: _____

PARACHUTING HISTORY (Not to be completed by First Time Jumper or Tandem)Name of Main DZ _____ Own Rig? YES NO

Time in Sport (Years/Months) _____ 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: _____

Other Ratings:S/L Inst AFF Inst Tandem Inst Rigger JM PRO Coach

National Affiliation: _____ National Affiliation Number: _____

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 NO Ear problems: YES NO
- Diabetes: YES NO Dizziness: YES NO
- Heart condition: YES NO Infections: YES NO
- Blackouts or dizzy spells: YES NO Corrective Lenses: YES NO
- High blood pressure: YES NO Low blood pressure: YES NO
- Singe eye/limited vision: YES NO Asthma: YES NO

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 any medication? YES NO

If YES, name/please describe: _____

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.

Furthermore, any images and/or videography in which I appear can be used by the Club for marketing and/or promotional material on any medium deemed necessary.

Dated at (Place) _____ on the _____ / _____ / _____

Signature of 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.