NORTHERN 54 SERIES PILOT ENTRY FORM

- *These fields are required
- Your data will be held for the purpose of this competition only. No details will be passed on to third parties.

Personal Info

*First Name: _____ *Last Name: _____

D.O.B: DD/MM/YYYY

*Address: _____

_____ *Email Address _____

*Town: _____

*County: _____ *Tel. Mobile: _____

*Postcode: _____ Tel. Home: _____

Emergency Contact Info

*Next of Kin: _____ *Relationship: _____

*Address: _____

_____

*Town: _____

*County: _____ *Phone 1: _____

*Postcode: _____ Phone 2: _____

Flying Info

*BHPA Number: _____ *Expiry Date: MM/YY

*BHPA Rating: _____ Airtime (hrs): _____

Glider

Manufacturer: _____ Radio: Y/N

Model: _____ Reserve: Y/N

Colour: _____

Rating: _____ Car Registration: _____

Declaration

Paragliding competitions are very dangerous sporting events. My dependants and I are aware of the possibility of a fatality or serious injury occurring to me if I choose to take part in this event. The decision to fly is entirely my own and is made in the full knowledge of any consequences that may subsequently occur. In the event of an accident, I shall not hold any of the participating clubs nor any of its Elected Officers responsible. I agree to abide by the competition rules.

I accept that the decision to fly is mine and that it is my responsibility to make sure all my equipment is airworthy prior to flying.

I understand that a helmet must be worn at all times whilst strapped into my harness, including ground handling.

Sign: _____ Date: _____