

Paragliding Application Form

Use mouse to access fields

Name _____ Address _____ Post Code _____ Next of Kin Name & Telephone Number _____	e-mail address _____ Mobile Number _____ Home Phone _____ Nationality _____ Date of Birth _____
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COURSE REQUIRED

Click to select one of the following:

<input type="radio"/> Beginner-EP			Accommodation Package _____
<input type="radio"/> EP-Club Pilot	No of days _____	<input type="radio"/> CP+ Thermalling	Equipment Needed? _____ Give weight _____
<input type="radio"/> Advanced XC		<input type="radio"/> Paragliding Holiday (CP+10 hrs minimum)	Radio Needed? _____
Alternatively - choose only one			
<input type="radio"/> Day Clinic Only	No of days _____		

Arrival Date Saturday _____	Departure Date Saturday _____	Airport _____	Time _____	Own Travel _____	Sisteron Arrival _____	Time _____
No of Days _____	No of Nights Accommodation _____	Own equipment? _____	If yes: glider, harness, reserve. radio _____		Rental Equipment Your Weight? _____	Radio Rental? _____
Existing BHPA/IPPI Membership No _____	Club/School Name _____	Chief Flying Instructor _____	Your Pilot Rating _____		Total No of Flights _____	

ONLY FOR ACCOMMODATION BOOKED THROUGH ALPINE PARAGLIDING. Click to select as required:

<input type="checkbox"/> Single room	<input type="checkbox"/> Single room with private bathroom	<input type="checkbox"/> Double/twin room with private bathroom	Vegetarian _____	<input type="checkbox"/> Budget Camping _____
<input type="checkbox"/> Self catering - single	<input type="checkbox"/> Self catering - double	<input type="checkbox"/> Self catering - twin	<input type="checkbox"/> Self catering - 2 bedrooms	<input type="checkbox"/> Self catering with swimming pool - 2 bedrooms

Payment by Internet or Bank Transfer (contact Alpine Paragliding for account details). 25% deposit, or the full cost of the course if you book within 6 weeks of departure.

Do you have any special requests? _____ I will be making my own accommodation/camping arrangements

I agree to pay Alpine Paragliding for the sum of the course and extra services (if requested), and have taken suitable holiday insurance to cover repatriation and paragliding. I understand the risks of paragliding and the dangers associated with the sport. I accept that the final decision rests with me, the pilot, and I am solely responsible for my actions and consider myself competent enough to do the course, and that I am physically fit enough. THIS IS NOT A DISCLAIMER BUT AN ACKNOWLEDGEMENT OF THE RISKS ASSOCIATED WITH PARAGLIDING AVIATION AND ITS TRAINING.

At Alpine Paragliding we aim to provide the highest standard of training whilst ensuring that risks to your safety are kept as low as reasonable practicable. To achieve this we:

- Regularly maintain and inspect all equipment to ensure safe working order
- Carry out regular risk assessments of all training sites and weather conditions whilst we are using the sites for training
- Follow the British Hang gliding and Paragliding Association's Training syllabus, guidance for instructors and Technical Manual.

Paragliding is a form of aviation with all of the inherent and potential dangers that are involved in aviation. No form of aviation is without risk, and injuries and death do occur in paragliding, even to trained pilots using proper equipment. Whilst Alpine Paragliding endeavours to minimise this risk as far as is reasonably practicable, it cannot be eliminated altogether. No one should participate in paragliding who does not recognise and wish to personally assume the associated risks.

I acknowledge that by undertaking paragliding training with Alpine Paragliding, I may be exposed to risks beyond the reasonable control of Alpine Paragliding and I willingly and personally assume these risks as part of my training.

***Compulsory Field** Please tick if you agree with the above statement and information

***Compulsory Field** Also that I have read and accept the conditions as specified in the Booking Conditions

Print Form

Submit by Email

Date Deposit Received:	Date Balance Due:	Date Balance Received:
Amount Received: £ _____	Amount Due: £ _____	Amount Received: £ _____
Date Confirmation Sent:	Date Reminder Due:	Date Confirmation Sent:
Time credit days if applicable:		Accommodation € _____
Time credit uplift €40.00 € _____		Self Catering + €100 deposit: € _____
Car/ Sisteron: Train/Bus _____	Arrival Time: _____	Budget Camping / 1 or 2 person € _____
		Radio: YES: € _____
		Canopy: YES: Kgs € _____
Request to Purchase Equipment:	Equipment Paid:	