

YSDC 2018 Initial Registration



Use this form to register your interest in attending the Youth Soaring Development camp at Omarama 6-15 December inclusive.

Send completed form to YSDCrego@youthglide.org.nz by **21 September 2018**

Please note; Completion of this registration form does not guarantee you a place on the camp.

You will be notified when offered a place on the camp and when offered, you may chose to withdraw your application if you no longer wish to attend the camp.

Admin:

Full Name: _____ Date of Birth _____

Home address: _____

Home Phone: _____ Mobile Ph: _____ Email _____

Next of Kin: Name _____ Contact Ph.: no's _____

Dietary requirements: _____ T-Shirt Size: _____

Allergies: _____

Any additional medical information you think we should be aware of:

Family Doctor's Contact: Name: _____ Ph.: _____

The details gathered on this form are used to establish a training programme that best suits your experience level

Gliding Experience: (as at date _____)

Gliding Club: _____

CFI contact name and email _____

Hours Flown; Total _____ Dual _____ Solo _____

Number of launches: Aerotow _____ Winch _____ Other _____

Glider types flown more than 3 times solo _____

Sites flown from: _____

Longest soaring flight time _____ Cross country rating YES / NO. Flown in a comp YES / NO

Approx Hours/flights: Thermal soaring _____

Ridge soaring _____

Wave soaring _____

Convergence soaring _____

Put a tick ✓ in the boxes to indicate what you have completed / are competent with

Awards: A Cert B Cert QGP

Silver Badge: Ht Distance Duration

Gold Badge: Ht Distance

Diamonds: Ht 300k 500k

Equipment Experience: familiar with using Cambridge GPS Data loggers See You

Using oxygen equipment

Power Flying Experience:

Hours Flown; Total _____ Dual _____ Solo _____ Types Flown _____

Goals

With your CFI, come up with specific goals that you and your CFI would like you to achieve (e.g. Go Solo, complete your QGP training syllabus or do your Silver Distance flight) You may elect to update this nearer to the time of the camp if you manage to achieve some of the goals you identify at the time of this initial registration.

CFI Recommendation (To be completed by your CFI or delegated senior club instructor)

Signature of student _____

Name & Signature of CFI or delegated Instructor _____