CONSENT FORM

(*Complete only if required*)

The consent of a Parent or legal Guardian must be given if the applicant is under 18 years of age.

To the committee of the Gliding Club of Western Australia Inc.

I (*full name*) ……..
of (*address*) ……..
……
am the Parent/Legal Guardian of (*Applicants name in full*) ……
…….. who is under 18 years of age and I hereby consent to and confirm the Membership Application Form attached.

I further hold myself legally responsible for the conduct of the Applicant and for settling promptly any and all debts incurred by the said Applicant to the Club until such time as the said Applicant either terminates his/her membership with the Club or attains the age of 18 years whichever occurs sooner.

Dated this …… day of …….. year ……..

Signature: ……..

Witnessed by: ……

Name and address of Witness: ……

……..