

**NORTHERN CALIFORNIA SOARING ASSOCIATION**

**MEMBERSHIP APPLICATION AND INFORMATION UPDATE**

The NCSA has the purpose of providing safe and enjoyable soaring for its membership. Members are selected by the Board of Directors from applicants on the basis of their skills, willingness to work and learn, and general enthusiasm. Applicants must have the financial ability to pay all charges and assessments.[Note: Members may be assessed up to \$1,000 in the event of accidental loss or damage to club aircraft.] The NCSA attempts to provide reasonably priced soaring for the membership by utilizing the skills and labor of its members. Therefore, all members are expected to work on Club equipment and business as their skill and abilities permit. (Usually about 2 to 3 hours a month is typical.) This form can be used to sign up with the Northern California Soaring Association or for an address update. For new memberships, contact Monique Weil, the NCSA Membership Coordinator - [moniqueweil@comcast.net](mailto:moniqueweil@comcast.net) for more details about dues, member activities, etc.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Occupation \_\_\_\_\_ Birthdate \_\_\_\_\_

What other clubs are you a member of: \_\_\_\_\_

Are you a member of the SSA? \_\_\_\_\_ If yes, provide your SSA# \_\_\_\_\_

Pilots Certificate # \_\_\_\_\_ (please provide copy with application)

Drivers License # \_\_\_\_\_ (please provide copy with application)

Pilot Ratings Earned: \_\_\_\_\_

Class and Type of Aircraft Flown: \_\_\_\_\_

Glider Time: Solo Hours - \_\_\_\_\_ Pilot In Command Hours - \_\_\_\_\_ Dual Instruction Hours - \_\_\_\_\_

Total Hours - \_\_\_\_\_ Glider Time in the last 12 months: \_\_\_\_\_

Date of flight with NCSA instructor \_\_\_\_\_ Name of NCSA instructor \_\_\_\_\_

Have you ever been involved in an aircraft accident? If yes please provide dates and explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

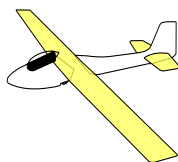
State which class of membership you are applying for:  Full;  Trial;  Private;  Junior;  Tow Pilot;  Instructor

Enclose check to NCSA for the appropriate amount of dues, as listed in the Membership section

Sign \_\_\_\_\_ Date \_\_\_\_\_

**Mail application together with signed waiver to:**

**John Randazzo; 8 Little Creek Court; San Ramon, CA 94583 or Email Information to:**  
[jsrandazzo@sbcglobal.net](mailto:jsrandazzo@sbcglobal.net)



**NORTHERN CALIFORNIA SOARING ASSOCIATION  
FLIGHT DECLARATION  
WAIVER and ASSUMPTION of LIABILITY**

ASSUMPTION OF RISK: The undersigned wishes to experience soaring flight and/or receive flight instruction with the Northern California Soaring Association (NCSA). I understand that aviation is potentially dangerous and freely undertake this risk.

In consideration of acceptance into the NCSA and/or experience soaring flight as a passenger, I agree to be legally bound for myself, my heirs, executors, administrators, representatives, successors, or assigns and agree to waive any and all rights and claims for damages of whatever variety or sort which I may have against the NCSA or club instructors. I further agree to assume full responsibility for and to hold the aforementioned entity or persons free and harmless from any and all obligations and damages to persons or property done by me.

I have carefully read this document and fully understand and agree that I am waiving any claims for damages for which I may suffer by any act of negligence arising now or in the future by any commission or omission of any of the aforementioned entity or persons and that the consideration for this waiver is the NCSA and its instructors is allowing me to participate in NCSA activities and flight instruction.

This waiver will extend to the above mentioned organization, persons, or their successors or assigns.

RELEASOR: (printed name) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

EXECUTED AT: Location \_\_\_\_\_

**NCSA STUDENT PILOTS: I certify that I have no known physical or mental defects which prevent me from participating in or piloting any flying or soaring activity:**

Signature \_\_\_\_\_

**Permission of Parent or Guardian of for students less than 18 years of age.**

I, the parent or guardian of the above mentioned pilot less than 18 years of age, do hereby join with said pilot in the above waiver and do hereby certify that I have read and understand the above waiver. Furthermore, I do accept the above waiver without reservation and hereby grant my permission to the above mentioned pilot to participate in NCSA activities and flight instruction.

Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Location \_\_\_\_\_ Witness: \_\_\_\_\_