



July 1, 2010

MEMBER / STUDENT APPLICATION FORM

PERSONAL INFORMATION

First name	Surname	Date of birth
Address		
City	Province	Postal code
Home phone	Cell phone	e-mail
Work phone	Fax	Occupation
Name of emergency contact		Relationship
Address		Phone

FLYING INFORMATION

Pilot Student

Pilot Permit / License Number:

Date of Last Aviation Medical:

Medical category: I II III IV

Please check all licenses and ratings you hold:

- Ultra-light Recreational Private Commercial ATPL IFR
 Multiengine Night VFR-OTT Aerobatics Flight Instructor
 Passenger carrying Other: _____



July 1, 2010

DECLARATION

I have read and fully understood and agree to be bound by the Renters/Students Rules and Regulations of Aviator Academy attached to this page and acknowledge receipt of a copy of them.

Customer signature

Instructor signature

Customer License Number

Instructor License Number

Insurance off all pilots operating Aviator Academy aircrafts is limited to pilots that have not been involved in an aircraft accident or received any violation by Transport Canada. Pilots are to indicate acceptance of these terms by signing below.

I have never been involved in an aircraft accident and have never been violated by Transport Canada

Customer signature

date

In the event that the above named pilot has either been involved in an aircraft accident or has been violated by Transport Canada, the pilot shall submit written details of the situation or incident to the CFI or Operations Manager for application for an insurance waiver. Issuance of the waiver is at the discretion of the Insurance Company and is not guaranteed.

Please send this application with a "sign up" fee \$45.20 to:

Aviator Academy, 5195 Hwy 26 E, RR#2, Stayner, ON, L0M 1S0. Make cheque payable to Aviator Academy.



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WAIVER

In consideration of the Aviator Academy acceptance of my member/student application and granting permission to fly its aircraft as a pilot or student pilot, whether dual or solo, I accept all risk and responsibility of my personal safety. I release Aviator Academy from all claims and actions that might arise there from.

In witness whereof

Applicant's signature Date and place

Witness's signature Address

WAIVER, IF YOU ARE UNDER 19 YEARS OF AGE

I, _____, parent or guardian of _____, request that the Aviator Academy accept him/her as a member/student, and in consideration of the Aviator Academy aircraft as pilot or student pilot, whether dual or solo, I accept all risk and responsibility for my child's personal safety, I release Aviator Academy from all such claims and actions that might arise from.

Applicant's signature Date and place

Witness signature Address