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|  **2024 Paragliding Accuracy Squad Registration**   |
| **Your Details**  |
| **Name**  | **DOB**  | **BHPA No**  | **Renewal Date**  |
|   |   |   |   |
| **Address**  |   | **Gender**  |
|   |
| **Email**  | **Phone**  | **Mobile**  |
|   |   |   |
| **Pilot rating**  | **FAI Licence**  | **CIVL ID**  | **No. Tows / Hours**  |
|   |   |   |   |
| **CAT2 Comps**  |    |
| **Paraglider**  |
| **Make**  | **Model**  | **Size**  | **Certification**  |
|   |   |   |   |
| **Last Serviced**  |   |
| **Harness**  |
| **Make**  | **Model**  | **Certification (LTF03,LTF09)**  |
|   |   |   |
| **Helmet**  |
| **Make**  | **Model**  | **Certification (EN966)**  |
|   |   |   |
| **British Passport**  | **Expires**  | **Resident in UK**  | **Willing to Travel ?**  |
|   |   |   |   |
|  You can fly in the British team if you have been a resident of the UK for 3 years prior to the world championships, your FAI licence issued by the BHPA and you have not represented another country in any FAI air sport activity within the last 3 years   |
|  Selection for the British team is made by means of points accumulated during training camps and performance at CAT2 competitions. You must attend these events to stand any chance of being selected.   |
|  You can volunteer to accompany the team in a supporting role   |
|  I understand that by completing this form I am registering to be part of the UK Accuracy Squad. As such I may attend training events and competitions with the aim of the squad being to give all members the best possible opportunity of working towards being part of a world class UK team. I have read and understood the selection criteria and agree to accept it  |
| **Signed**  | **Date**  |
|      |   |

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| **What are your strengths and weaknesses**  |
|      |
| **What training would be beneficial for you**  |
|      |
| **If Team sponsorship was available would you have any objection to wearing / displaying companies’ logos**  |
|      |
| **Do you agree to your details or photos being used for publicity purposes? ie Skywings, Press, Sponsorship**  |
|      |
| **Any medical conditions or details of any regular medication taken**  |
|     |
| **Next of kin**  | **Phone**  | **Relationship**  |
|   |   |   |
| **Address**  |     |
|   Please send the form to: Flybywill2410@gmail.com  Please return form by 31stJanuary 2024. Registration after this date will be accepted but it may affect your chances of selection for events which are  within a close time frame. |