



(This form should be presented to the Parachute Training Organisation by the Participant in person immediately prior to the commencement of their training - it should NOT be sent to the British Parachute Association)

STUDENT TANDEM PARACHUTIST MEDICAL INFORMATION AND DECLARATION

Name in CAPITALS Date of Birth

Weight Height BPA Number

(May be issued on day of Training)

Parachuting (skydiving) is a risk sport where there is always a small but definite risk of death, injury or worsening of a pre-existing medical condition. This form is designed to help you identify whether you may be at greater than normal risk and may need to take qualified medical advice before jumping. If you are in any doubt, please take qualified medical advice (normally your GP or a specialist treating you). Your parachute instructor is not able to give medical advice. **If you have one of these conditions, it does not necessarily mean that you cannot jump but you should first seek qualified medical advice and certification, using BPA form 115B. You should also check with the Parachute Centre for details of any height-weight restrictions they may have.**

I DECLARE AND CONFIRM THAT:

I am in robust physical health and am able to exercise and move my limbs without restriction. I understand that being unfit, having frailty of aging or having a weight greater than that shown for my height in the table opposite will render me more prone to injury.

I am not receiving any regular repeat medication, whether tablets, liquids, injections, patches or inhalers (*contraceptive medication can be ignored for the purposes of this section*). I do not have a recurrent need to use painkillers. I have never received prolonged courses of steroids or high dose steroid treatment in the past.

I do not have joint, back, sciatic or neck problems and have not been prone to these in the past. I have never had fractured or broken bones. I have NEVER dislocated or partially dislocated a shoulder. I have not had torn tendons, ligaments or cartilages. I do not have weakness or paralysis of any limb. I have not had partial or complete loss of any limbs. I do not have rheumatism, arthritis or arthrosis.

I do not have any form of heart disease. I have never had a heart attack, myocardial infarction, coronary disease, angina, ischaemic heart disease, heart valve problems, heart failure, irregular pulse, palpitations, chest pain on exercising, peripheral vascular disease, Hypertrophic Cardiomyopathy (HOCM), cardiac pacemaker, aneurysm. I do not have a family history of sudden death at an early age. I do not have raised blood pressure or hypertension. If over 40 years of age, I understand that blood pressure problems are often "silent" and painless at first and that I should have had a blood pressure check with a qualified professional within the last five years.

NOVICES ONLY					
Imperial			Metric		
st	lb	ft in	kg	cm	
7	7	4 4	47	133	
7	11	4 5	49	135	
8	2	4 6	51	138	
8	6	4 7	53	140	
8	10	4 8	55	143	
9	1	4 9	57	145	
9	5	4 10	59	148	
9	10	4 11	61	150	
10	0	5 0	63	153	
10	5	5 1	66	155	
10	10	5 2	68	158	
11	1	5 3	70	161	
11	6	5 4	72	163	
11	11	5 5	74	166	
12	2	5 6	77	168	
12	7	5 7	79	171	
12	12	5 8	82	173	
13	4	5 9	84	176	
13	9	5 10	86	178	
14	1	5 11	89	181	
14	6	6 0	91	183	
14	12	6 1	94	186	
15	4	6 2	97	188	
15	10	6 3	99	191	
16	1	6 4	102	194	
16	7	6 5	105	196	
16	13	6 6	107	199	

I do not have any form of lung disease and can exercise vigorously without wheeze or unusual breathlessness. I have not been diagnosed with asthma, emphysema, chronic bronchitis, Chronic Obstructive Pulmonary Disease (COPD), fibrotic lung disease, pulmonary embolism (clot on the lung), pneumothorax (collapsed lung), Cystic Fibrosis, obstructive sleep apnoea. I do not use inhalers, nebulisers or ventilators. I have not had a chest infection or pneumonia within the last 3 months.

I do not have any form of colostomy, ileostomy, urostomy, catheter, PEG, reservoir or other drainage, collection, infusion, shunt or pump device. I do not have any surgical implants or artificial joints. I have not had any surgical procedures within the last 3 months. I have not received an organ transplant. I do not suffer from anaemia, Thalassaemia, Sickle Cell disease or bleeding disorders such as stomach or bowel haemorrhage, haemophilia, ITP or Von Willebrand's disease.

I have never had a serious head injury or fractured skull. I do not have epilepsy or fits and have not suffered from recurrent giddiness, dizziness, faints, blackouts or loss of consciousness. I do not have Cerebral Palsy, myositis, Muscular Dystrophy, Multiple Sclerosis, Parkinsons Disease or any other progressive disease of the brain or nervous system. I have never had a stroke, subarachnoid haemorrhage (SAH), transient ischaemic attack (TIA) or Vertebro-basilar Insufficiency (VBI). I do not suffer from disabling headaches.

I do not have diabetes. I do not have any form of endocrine or hormonal disease or deficiency such as thyroid or adrenal problems.

I have never been diagnosed with osteopenia or osteoporosis (reduced bone strength).

I do not have a history of drug or alcohol dependence.

I do not have anxiety, panic attacks, depression or post-traumatic stress disorder and have neither needed to see a doctor nor needed any treatment for any of these in the last 2 years. I have never been diagnosed as having psychosis, schizophrenia, manic-depressive psychosis, bipolar disease or any other serious mental illness. I do not have a history of self-harming behaviour or suicide attempts.

I do not have significant learning difficulties, behavioural problems, ADHD, mental impairment, Down's Syndrome (Trisomy 21) or any other form of trisomy. I do not have any problems with my memory. I have not been diagnosed as suffering from dementia, Alzheimer's Disease or significant cognitive impairment.

I do not have sinus or ear disease. I do not suffer from ear or sinus pain in aircraft. I understand that colds or sore throats may make me temporarily unfit to parachute because they increase the risk of ear or sinus pain or damage.

I have not been diagnosed as having cancer in any form.

I have not donated blood in the last 6 months, or if I have donated within the last 6 months I have had a subsequent blood test showing my blood count is still normal.

I am not on sick leave and am not currently certified as unfit for work. I do not receive any form of sickness benefit, disability benefit or attendance allowance. I have not received a terminal diagnosis. I am not waiting for the results of any tests or investigations. I am not under medical review for any problems

To the best of my knowledge, I am not pregnant.

I have no problems with seeing or hearing, or if I have such problems I will ensure that my instructors are fully aware of them.

I do not have any form of infectious disease such as hepatitis, HIV or tuberculosis, which may be transmitted by body fluids. I understand that, due to the direction and speed of airflow, my tandem instructor may be exposed to my saliva, blood or vomit in the course of even a normal parachute jump.

If my health status changes so that this declaration is no longer valid, I will stop parachuting until I have received qualified medical advice.

I understand that the purpose of this declaration is to enhance my safety and that of my instructor. I know that if I have doubts, or do not understand any part of the form, I should postpone any jump until I have obtained qualified advice.

I have had enough time to read (or be read) this form. I have understood it or taken appropriate advice to enable me to understand it.

I accept all risk and understand that any medical condition I have may be made worse by parachuting or may increase my risk of injury or death. I understand that I should take medical advice **before** parachuting if I have any doubts about any medical condition.

Signed Print Name

Date

WITNESS TO SIGNATURE (The signature above must be witnessed for parachutists aged less than 18 years. The witness MUST be their parent or legal guardian):

Signed Print Name

Date Print Address

This form is valid for 3 years from the date of signature, provided there is no change in medical condition or injury.

For office use

NAME OF PARACHUTE TRAINING ORGANISATION (PTO) _____ DATE _____

BPA MEMBERSHIP NUMBER (issued by PTO)

British Parachute Association www.bpa.org.uk

5 Wharf Way, Glen Parva, Leicester LE2 9TF

Tele: 01162785271, Fax: 01162477662, e-mail: skydive@bpa.org.uk



APPLICATION FOR STUDENT PROVISIONAL (CATEGORY 3/TANDEM/ AFF LEVEL 1) MEMBERSHIP & AGREEMENT

BEFORE COMPLETING THIS FORM, PLEASE READ THE AGREEMENT CONDITIONS ON REVERSE SIDE
ALL SIGNATORIES AGREE TO BE BOUND BY THE AGREEMENT ON THE REVERSE SIDE OF THIS FORM

*Delete as necessary. PLEASE COMPLETE FULLY AND IN BLOCK CAPITALS

NAME _____ AGE _____ MALE*/FEMALE*
ADDRESS _____
_____ POST CODE _____

I declare that I am:

18 years of age or over/under 18 years of age* (delete as appropriate)

I acknowledge that the minimum age for sport parachuting is 16 years.

SIGNED: _____ DATED: _____

If under 18 years of age the following must also be completed by the parent or guardian of the proposed member.

To: The British Parachute Association Limited

I (Name) _____

of (Address) _____

being the parent/legal guardian of the proposed member who is now aged ____ years hereby confirm that I have given my permission for the proposed member to make parachute descents and that I agree to be bound in the same terms as those contained in the agreement signed by the proposed member and set out above.

SIGNED: _____ DATED: _____

DATA PROTECTION: The BPA will collect, retain and process all the personal data provided in this application and all its communications in compliance with the Privacy and Electronic Communication Regulation, the Data Protection Act 1998 and the upcoming Data Protection legislation. A copy of our Data Protection Policy is available on our website at www.bpa.org.uk for full data subjects rights and our responsibilities.

PLEASE NOTE: Membership of the BPA includes third party insurance which is not valid in the USA or at any parachute training organisation in the UK which is not affiliated to the BPA. A summary of the BPA members' insurance policy can be found on the BPA website at www.bpa.org.uk and is available from BPA Parachute Training Organisation and on request from the BPA HQ, telephone 0116 2785271, email membership@bpa.org.uk

Registered Office: British Parachute Association Ltd, 5 Wharf Way, Glen Parva, Leicester LE2 9TF. www.bpa.org.uk
A company limited by guarantee. Registered in London no: 875429. VAT Reg no 239 4696 20

Form 102(i) **FORMS SHOULD BE RETURNED TO BPA HQ WITHIN 7 DAYS OF COMPLETION** 2018, Issue 1, (March 2018)

AGREEMENT

I, the applicant for membership, whose full details appear overleaf, hereby apply for membership of the British Parachute Association Limited ("BPAL") and I agree as follows:

1. In this agreement the expression "the Association" shall include where the context so admits BPA, any affiliated Parachute Training Organisation or other organisation (whether incorporated or not), any instructor, rigger or packer (whether or not employed at any Parachute Training Organisation), any other individual or corporate member of BPA and any Parachute Training Organisation and any servant or agent of BPA or any Parachute Training Organisation. References to the masculine gender shall include the feminine and the singular shall include the plural.
2. In consideration of you accepting me as a member of BPA, I agree that for so long as I shall be and remain a member of BPA and at all times when I am taking part in any parachuting or related activity at a BPA affiliated Parachute Training Organisation I shall be bound by (a) the BPA Articles of Association (b) all the Association's rules and regulations particularly safety regulations (c) all lawful instructions given to me by instructors and those put in charge of me on behalf of the Association.
3. I authorise BPA to apply part of my membership fee towards the purchase of Third Party Liability Insurance through the Associations scheme effective from time to time. Such Insurance shall cover my personal and public liability for death or injury to persons and damage to property caused during the course of any parachuting activity undertaken by me. The value and limit of such insurance shall be such minimum figure as BPA may from time to time determine. I understand that BPA insurance is not valid in the USA or at any Parachute Training Organisation in the United Kingdom which is not affiliated to BPA.

Instructors who are members of BPA cannot claim indemnity under the BPA third party insurance scheme if any Parachute Training Organisation for whom they are working at the relevant time is not a participating Parachute Training Organisation which has made a contribution to the premiums made payable by BPA for such third-party liability insurance. Such Instructors are therefore advised to affect their own third-party liability insurance at their own expense.

4. I fully understand and freely acknowledge that Sport Parachuting is inherently dangerous regardless of the standard of training, supervision and equipment employed.

I voluntarily accept all the risks inherent in the sport and I agree to carry out all parachuting jumps and all activities connected with parachuting strictly in accordance with any instructions or tuition which I may at any time receive from any person authorised by any Parachute Training Organisation which is affiliated to BPA to give me such instructions or tuitions.

5. I agree for myself and my personal representatives to indemnify and hold harmless the Association against any claim or claims whether on my own account or from Third Parties arising out of any accident or incident resulting in any loss or damage (including bodily injury and death) and whether or not caused by my negligence or arising in consequence of my membership of BPA or my participation in any form of parachuting or related activity.
6. I agree to notify BPA within three working days of any accident or incident involving a Third Party and resulting from any approved sport parachute jump made by me.
7. I acknowledge that the minimum age for sport parachuting is 16 years.

NOTE: (1) Complete and sign the appropriate section(s) overleaf.

(2) If under 18 years of age written consent to take part in parachuting activities must be obtained from the parent/ legal guardian

(3) Conversion to FULL membership – this can be done at any time either at the Parachute Training Organisation or by returning a Conversion Membership Application (Form 105) to the BPA HQ. (Your full membership will be sent from the BPA HQ).

(4) STUDENT PROVISIONAL (CATEGORY 3/TANDEM/AFF LEVEL 1) MEMBERSHIP. This membership is valid for one year from issue date, unless the member has successfully completed BPA Category 3 or AFF Level 1 when this membership is no longer valid. The cost of STUDENT PROVISIONAL MEMBERSHIP is £16.60 and includes Third Party Insurance cover up to £5,000,000.