

**The Soaring Society of Dayton (SSD) dba Caesar Creek Soaring Club of Ohio (CCSC)  
Membership Application**

**General Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Spouse \_\_\_\_\_ Citizenship \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Employer (School if Student) \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_\_  
 Have you ever had a DUI? Yes \_\_\_\_ No \_\_\_\_ Year \_\_\_\_\_

**Flying Information**

Are you a SSA member? Yes \_\_ No \_\_ Membership No: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Pilot License Number \_\_\_\_\_ Ratings & Limitations \_\_\_\_\_  
 FAA Medical Class \_\_\_\_\_ Date of Last FAA Medical \_\_\_\_\_  
 Most recent PIC Flight: Date \_\_\_\_\_ Make/Model of Aircraft \_\_\_\_\_  
 Glider Experience: Number of Tows \_\_\_\_\_ Auto \_\_\_\_\_ Aero \_\_\_\_\_ Winch \_\_\_\_\_  
 FAI Soaring Awards Held \_\_\_\_\_  
 Tow Pilot Experience: Number of Tows \_\_\_\_\_ Make/Model of Aircraft \_\_\_\_\_  
 Instructor Experience \_\_\_\_\_  
 Are you interested in becoming a Glider Instructor? Yes \_\_ No \_\_ Tow Pilot? Yes \_\_ No \_\_  
 Aircraft Owned: Make/Model \_\_\_\_\_  
 Have you ever had an aircraft accident? Yes \_\_\_\_ No \_\_\_\_  
 If "Yes", please provide details of the accident on a separate sheet.  
 How did you hear about CCSC \_\_\_\_\_

I agree to abide by all Soaring Society of Dayton dba Caesar Creek Soaring Club of Ohio (CCSC) rules and regulations as documented in the Code of Regulations and the Uniform Operating Procedures. I understand that membership in CCSC does not invest me with personal ownership of any club assets, but entitles me to use such equipment. I also understand and agree to the policies concerning stock purchase and the payment of interest on my stock subscription.

For the purposes of this Application, including the waiver of claims and giving of indemnity herein, (i) "CCSC" means the Soaring Society of Dayton dba Caesar Creek Soaring Club of Ohio, Inc. and its members, directors, officers, employees, agents, representatives, volunteers, pilots (including towpilots and flight instructors), contractors and premises, or any of them, and (ii) "CCSC Flying Activities" means anything connected with my presence on the property of CCSC, participation in the activities of CCSC, flying in any aircraft at CCSC, receiving flight instruction and/or glider towing services at CCSC, and operation of any aircraft or other equipment at CCSC.

I UNDERSTAND THAT PARTICIPATION IN GLIDING AND SOARING ACTIVITIES, BOTH IN THE AIR AND ON THE GROUND, IS OR MAY BE HAZARDOUS AND MAY RESULT IN ACCIDENT, INJURY OR DEATH, AND I HEREBY VOLUNTARILY ACCEPT SUCH HAZARD AND RESULT.

Office Use Only

Account Number Assigned \_\_\_\_\_ Type of Membership: Full / Youth / Family / Military  
 Amount Paid: Initiation \$ \_\_\_\_\_ Stock \$ \_\_\_\_\_  
 Data Base \_\_\_\_\_ Newsletter \_\_\_\_\_ Membership sent to SSA \_\_\_\_\_ Board Copy \_\_\_\_\_

**WAIVER OF CLAIMS**

In consideration of being accepted as a member of CCSC and being granted the benefits of such membership, which consideration I acknowledge is valuable and is sufficient to induce me to make this application for membership, **I, FOR MYSELF, AND ON BEHALF OF MY EXECUTORS, ADMINISTRATORS, HEIRS, PERSONAL REPRESENTATIVES, SUBROGEEES, INSURERS, SUCCESSORS AND ASSIGNS, WAIVE AND GIVE UP FOREVER ANY AND ALL CLAIMS OF ANY NATURE, TO INCLUDE BUT NOT LIMITED TO CLAIMS FOR PERSONAL INJURIES TO MYSELF OR MY OWN DEATH, OR PROPERTY DAMAGE, WHICH I MAY HAVE NOW OR IN THE FUTURE AGAINST CCSC, AS DEFINED ABOVE, (HEREAFTER KNOWN AS THE "RELEASED PARTIES") THAT ARISE FROM OR ARE CONNECTED IN ANY WAY, WHETHER DIRECTLY OR INDIRECTLY, WITH CCSC FLYING OR OTHER ACTIVITIES. THIS WAIVER INCLUDES ANY CLAIM AGAINST THE RELEASED PARTIES ARISING FROM THEIR OWN NEGLIGENCE OR THE NEGLIGENCE OF ANY OF THE OTHER RELEASED.**

Note: Many health plans and insurance policies exclude coverage for claims arising from the operation of non-public transport aircraft, including gliders. If relevant, check your plan or policy.

**PARENT/GUARDIAN CONFIRMATION AND CONSENT** (for Applicants under age 18)

I hereby confirm that I have read, consent to and approve the foregoing application by my son/daughter/ward. I also understand that I am financially responsible for all costs incurred by this youth member until he/she reaches the age of 21.

I CERTIFY THAT I HAVE READ AND UNDERSTOOD THE WHOLE OF THIS APPLICATION FOR MEMBERSHIP. IN SIGNING BELOW, I ACKNOWLEDGE THAT I AM WAIVING ANY CLAIMS THAT I MIGHT HAVE BY VIRTUE OF THE **NEGLIGENCE** OF ANY OF THE RELEASED PARTIES LISTED ABOVE, INCLUDING CLAIMS ON MY OWN BEHALF, IN MY CAPACITY AS A PARENT, LEGAL REPRESENTATIVE AND HEIR OF MY WARD, AND CLAIMS ON BEHALF OF MY WARD IN HIS OWN CAPACITY. I UNDERSTAND THAT I AM RESPONSIBLE FOR NOTIFYING CCSC OF ANY CHANGE OF CONTACT INFORMATION AND THAT I AM RESPONSIBLE FOR PAYING ALL FLIGHT CHARGES AND MEMBERSHIP DUES AND FEES UNTIL I MAKE A REQUEST IN WRITING TO CHANGE MY STATUS TO INACTIVE OR TERMINATED

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

**Applicant's Signature**

**Parent/Guardian's Signature**

**Witness's Signature**

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**Print Name**

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**Print Name**

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**Print Name**

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**Please Note: All membership applications are subject to the review of the SSD Board of Directors.**

Submit completed application form and initiation fee to: Caesar Creek Soaring Club, PO Box 920. Waynesville, OH 45068  
SSD Board of Directors \_\_\_\_\_ Date \_\_\_\_\_