

## **ROUND CANOPY PARACHUTING TEAM GREAT BRITAIN**

## **MEMBERSHIP REGISTRATION FORM**

To be returned via email to roundcanopyparachutingteamgb@gmail.com or by post to:

Round Canopy Parachuting Team - Great Britain 25A Bishops Road, London N6 4HP

If returning via email, you must state clearly: MEMBERSHIP, in the subject line, including your full name.

Please read the options below carefully, selecting your desired membership level. All memberships are on an annual recurring basis.

For administrative purposes, Round Canopy Parachuting Team Great Britain requires any individual

ground, you sho	DISCLAIMER  chuting is an inherently dangerous activity which can lead to  Safety is paramount.  denied renewal or provisional members immediately remover professionalism expected of team members. Individuals to  conduct brings discredit to the team may be dropped from  By completing and returning this form, you acknowledge to  conditions, and appropriate membership fee to be income.	to serious injury and death.  ved from the team if they fail to meet the found wilfully violating team rules or official in the teams rolls and membership revoked that membership is subject to these terms &
ground, you sho	DISCLAIMER chuting is an inherently dangerous activity which can lead to	,
ground, you sho	DISCLAIMER	,
	<u> </u>	p
	ould register as a Non - Jumper.	
International, Roregardless of you new Jumpe  If you are new to recognised brand jump status, you   Non - Jump  If you are new to	o RCPT Great Britain, and do not hold an existing and nothes of RCPT, and wish to attend jump training and u should register as a New Jumper.	attend jump training and events, kisting Jumper / Non - Jumper.  ctive membership with one of the I events, regardless of your current
☐ Existing Ju	umper/Non - Jumper - Free	
	e of the following options.	
Please tick one		

## PRINT IN BLOCK CAPS

Full Name:			
Date of Birth (DD/MM/YY):		Gender:	
Weight (lbs):	Height:	Blood Group:	
Details of existing RCPT Brar	nch (if applicable):		
Address Line 1:			
Address Line 2:			
Town / City:			
County/State/Province:		Postal/ZIP:	
Country:			
Mobile / Cell:			
Email:			
Emergency Contact Full Nam	e:		
Mobile / Cell:		Relationship to you:	
ensure the success and Total number of round canopy		erations. Incomplete forms will not be proce	essed.
Date of last round canopy jun	np:		
Awarding jump school:		Date qualified:	
Additional jump qualifications	:		
Alongside this form,	, please submit eviden Parachute Jun	nce detailing the most recent entry in young Log Book.	our
	wn serviceable MC1 S	eries, SF-10A or SET-10 series parac	hute
system.			Yes / No
Lown / have access to my or	 wn serviceable Modifie	ed Improved Reserve Parachute Syste	
- Soft Loop Center Pull (MIR			
			Yes / No
I'm confident that I can safel system, in accordance with I		, SF-10A or SET-10 Series main parad	chute
System, in accordance with	An Hyger Startuards.	Yes / N	

## DISCLAIMER

It is the sole responsibility of each individual jumper to ensure that their personal main parachute(s) is inspected every 12 months by an FAA certified rigger, and packed in accordance with FAA rigger standards, no longer than 1 month prior to any jump operation.

It is the sole responsibility of each individual jumper to ensure that their personal reserve parachute(s) is inspected, packed and signed off with lead seal by an FAA certified rigger, no longer than 6 months prior to any jump operation.