

**SKYWALKERS**

Provozovna: Letiště Most, P.O.Box 52, 434 01 Most  
 Sídlo: Týnská ulička 1064/6, 110 00 Praha 1  
 DIČ: CZ27364577      www.skywalkers.cz

**Evidenční číslo:****Parachutist's questionnaire for operation on DZ SKYWALKERS in Most****Basic Operating Data**

|   |                |
|---|----------------|
| Surname and first name                            | Address        |
| Date of birth                                     | City, Zip Code |
| Contact person in case of accident (name + phone) | Stand          |

**Para license and parachute details**

|                              |                              |   |                                    |
|------------------------------|------------------------------|---|------------------------------------|
| <b>Para card number:</b>     | <b>Validity of the card:</b> | <b>Category</b>   | <b>Medicl card is valid until:</b> |
| ZOAeČR (Club)                |                              | Special Permissions   |                                    |
| <b>Total number of jumps</b> |                              | <b>Number of jumps in the last time:</b><br>3 months -                      year- |                                    |
| Main parachute type and size |                              | Validity of the reserve parachute wrapping into:                                  |                                    |
| Policy number                |                              | Name of the insurance company   |                                    |

**Instructors assigned for category B and below**

|                             |                             |
|-----------------------------|-----------------------------|
| Surname and first name No.1 | Surname and first name No.2 |
| License No.                 | License No.                 |

**Other data (for the purpose of sending information)**

|               |  |
|---------------|--|
| Phone/fax     | <b>E-mail address</b>                  |
| <b>Mobile</b> | Send info (check the box)<br>YES    NO |

**Invoicing information - club initials (if you require a tax document for the club/company)**

|                           |          |     |
|---------------------------|----------|-----|
| Company/Name              | Reg. No. | TIN |
| Registered office/address | E-mail   |     |
| City, Zip Code            | Tel/fax  |     |

By my signature, I confirm the correctness of the data entered, as well as that I have become acquainted with the rules of parachuting activities at the airport in Most issued by SKY WALKERS Czech Republic s.r.o. and that I will follow them. By completing the questionnaire, I give or do not give consent to the use of personal data for marketing purposes of SKY WALKERS Czech republic s.r.o., until the written withdrawal of this consent.

In Most on: ..... Signature: .....

Skw Controller Instructor: ..... Signature: .....

# Statement of the paratrooper

I declare that I have been trained and fully acquainted with the SPO Security Manual of Skywalkers s.r.o.

In particular:

I was acquainted with the behavior of a parachutist on the ground and in flight, including emergency boarding and disembarking procedures, use of normal and emergency doors. mode, using communication equipment and hand signals, and in addition to the listed below:

Location of emergency exits  
Restrictions on smoking  
Restrictions on the use of electronic equipment

signature

I was acquainted with the necessity of using a rescue device, an altimeter and an acoustic detector. With the use of equipment that matches my skills and training, including parachute kits and clothing, overalls or other equipment for the jump

signature

Before each operating day, I get acquainted with the specific metrological situation and from it Resulting facts

High-altitude wind direction  
Surface Wind Direct Landing direction  
Direction of the last turn before landing  
Landing area

signature

Before each operating day, I write down in the planning table and confirm with my signature Your readiness for the jump and familiarization with all safety rules and regulations

signature