





EXPLORE SPORTS - PPG SCHOOL

Personal Info Date:	
Name:	
Date of Birth:	Inches:
Height (ft):	
Weight (lbs):	Kg:
Handed:	LEFT RIGHT
Address:	
Postal Code:	
Phone Numbers:	
Email:	
Emergency Contact:	
Emergency Contact Phone Numbers:	
Physical or Mental Disabilities:	YES NO
If yes, Please Explain include any medications:	
Experience Paramotor, Powered Paragliding (PPG) Exper - Ground Handling (Kiting a W - Foot Launch - Trike - Quad - Tandem Previous Training - School & Instructor Name - I	Yes No Hours: Yes No Hours: Yes No Hours: Yes No Hours: Yes No Hours:
Aviation Experience: File #:	
- Pre-Solo Air Regulations (PSTA	R)
- Ultra-light Aeroplane (UPL)	☐ Yes ☐ NO
- Recreational Pilot Permit (RPP)	Yes No
- Private Pilots License (PPL)	Yes No
Commercial Pilot License (CPL)APTL	
Aviation Medical Category :	☐ Yes ☐ No
Paragliding HPAC/ACVL Including Endorsen	nents:
- Paragliding Student (P1)	Yes No
- Paragliding Novice (P2)	Yes No
- Paragliding Intermediate (P3)	☐ Yes ☐ No
- Paragliding Advanced (P4)	Yes No
- Thermal Soaring (TS)	☐ Yes ☐ NO
- Coastal/Ridge Flying (CR)	☐ Yes ☐ NO
- Towing (T)	Yes No
- Simulation of Incidents in Flight	(SIV) Yes No

Paragliding HPAC/ACVL Includ	ing Endorsements:				
- Hang Gliding Studen	t (H1)	Yes Yes	☐ No		
- Hang Gliding Novice	e (H2)	Yes Yes	☐ No		
- Hang Gliding Interm	ediate (H3)	Yes Yes	☐ No		
- Hang Gliding Advan	ced (H4)	Yes Yes	☐ No		
 Hang Gliding Master 	(H5)	Yes	☐ No		
- Thermal Soaring (TS)	Yes	☐ No		
 Coastal/Ridge Flying 		Yes	☐ No		
 Ground-Base Towing 	g (GT)	∐ Yes	∐ No		
- Aerotowing (AT)		Yes	□ No		
Experience with the following- Plote - Kiteboarding:	ease check all that apply (1 =	_	_		
- PASA Certified:		∐ Yes	∐ No		
- IKO Certified:		Yes	☐ No		
- Stunt Kites:					
- Sailing:					
- Windsurfing:					
,		lem Discovery Fli	•		
Payment Details - Note ALL train	nsactions over \$500 proce	ssed via VISA	or MC will in	cur a 3% charge	added to the total.
Deposit Amount:					
Deposit Date:					
Final Payment Amount:					
Final Payment Date:					
Credit Card Type:					
Credit Card Number:					
Credit Card Exp. (MM/YY):					
CIV#:					
Name on Card:					
Name on Card: Cheque #:					
	Aaron@exploresports.ca				

Comments - Your Paramotor/PPG Goals & Interests i.e. Travel Opportunities, Teaching, Designations or Certificates, what gear or brands you have been researching, looking to purchase new and preowned equipment, your budget or if you've already purchased your gear. Any additional comments or questions: