



Hang Gliding and Paragliding Association of Canada

Association Canadienne de Vol Libre

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INSTRUCTORS ANNUAL REPORT

To remain Certified an HPAC/ACVL Instructor needs to meet certain annual requirements. Please ensure that you have met all of these requirements before you apply for your HPAC/ACVL membership or your new membership card will not indicate your Instructor status.

Please fill in this form and check all applicable boxes before submitting this report to the Chair of the Instructor Advisory Committee.

(Information on this form that is submitted to IAC Chair is confidential and will not be released to anybody (other than the HPAC ACVL Administrator) without prior permission from the instructor signing this form.)

Report year: 20 _____ Instructor's Name: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Phone: (____) _____ - _____ **Membership#** _____

HANG GLIDING

Hang Gliding Instructor: Yes No Certification Expires: day _____ mo _____ yr _____
Instructors Status: Basic Senior Number of students taught this year: _____
Tandem indorsement: Tandem 1 Tandem 2 Number of tandem flights given this year: _____
Date of First Aid Ticket Expiry: _____ Number of Logged flights this year: _____

PARAGLIDING

Paragliding Instructor: Yes No Certification Expires: day _____ mo _____ yr _____
Instructors Status: Basic Senior Number of students taught this year: _____
Tandem indorsement: Tandem 1 Tandem 2 Number of tandem flights given this year: _____
Date of First Aid Ticket Expiry: _____ Number of Logged flights this year: _____

Did any of your students have an accident this year whilst under your instruction? Yes No
If Yes, did you file Accident Reports to the HPAC/ACVL Safety officer? Yes No

Attach any accident reports not submitted to this report. They will be forward to the Safety Director.

List a minimum of 10 (ten) students that you taught this year. Use the back of this page and specify PG or HG.

I certify that the above information is correct, and that accident reports have been submitted for all of my students who had an accident this year whilst under my supervision.

Dated: _____ Signed: _____

Send this completed form to Instructors Advisory Council Chair at the address above.

