



Hang Gliding & Paragliding Association of Canada

Association Canadienne de Vol Libre

404 - 1718 Venables Street, Vancouver, BC, V5L 2H4
Phone: 877-370-2078 (toll-free) Email: admin@hpac.ca

INSTRUCTOR 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 to renew 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 HPAC Office.

(Information submitted with this form is confidential and will not be released to anybody without prior permission from the instructor signing it.)

Report year: 20

Instructor's Name: Membership #:

Address:

City: Province: Postal Code:

Phone: Mobile phone:

HANG GLIDING

Hang Gliding Instructor: Yes No

Instructor's Status: Basic Senior

Tandem endorsement: Tandem 1 Tandem 2

Date of First Aid Certificate Expiry:

Certification Expires: day mo yr

Number of students taught this year:

Number of tandem flights given this year:

Number of Logged flights this year:

PARAGLIDING

Paragliding Instructor: Yes No

Instructor's Status: Basic Senior

Tandem endorsement: Tandem 1 Tandem 2

Date of First Aid Certificate Expiry:

Certification Expires: day mo yr

Number of students taught this year:

Number of tandem flights given this year:

Number of Logged flights this year:

Did any of your students have an accident or incident this year whilst under your instruction? Yes No

If Yes, did you file Accident or Incident Reports to the HPAC/ACVL Safety Chair? Yes No

Attach to this report any accident reports not yet submitted. They will be forwarded to the Safety Chair.

List 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 or incident this year whilst under my supervision.

Dated:

Signed:

Send this completed form to the HPAC Office at the address in the heading.

[Send via Email](#)

Student's Names:

HG or PG

1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
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15.	<input type="text"/>	<input type="text"/>
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20.	<input type="text"/>	<input type="text"/>
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22.	<input type="text"/>	<input type="text"/>
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24.	<input type="text"/>	<input type="text"/>
25.	<input type="text"/>	<input type="text"/>
26.	<input type="text"/>	<input type="text"/>