



## Student Application

If you would like to train with ParAmerica, please respond to the following questions to the best of your ability and submit the completed application to [info@paramerica.us](mailto:info@paramerica.us). If you have any questions, please contact us by email or by calling 1-833-PMERICA (1-833-763-7422).

1. **Desired training location and timeframe:** \_\_\_\_\_

2. **First Name:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_

4. **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

5. **Cell Phone:** \_\_\_\_\_

6. **Email:** \_\_\_\_\_

7. **Age:** \_\_\_\_\_

8. **Weight:** \_\_\_\_\_

9. **Height:** \_\_\_\_\_

10. **Shirt Size:** \_\_\_\_\_

11. **Occupation:** \_\_\_\_\_

12. **Emergency Contact:** \_\_\_\_\_

a. **Relationship to Emergency Contact:** \_\_\_\_\_

b. **Emergency Contact Phone Number:** \_\_\_\_\_

13. **Hobbies/Interests:**

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14. **Aviation-related skills, training, or experience to date (if any):**

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15. **Why do you want to learn how to fly paramotors?**

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16. **How did you hear about ParAmerica and/or why do you want to learn how to fly with us?**

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**17. On a scale of 1-5 (with 5 being the best), pick a number that best describes your overall level of physical fitness\* (see "Physical Aspects of Training" document for more information):**

- 5 — Excellent:** I'm an athlete/CrossFit addict/marathon runner/Active Duty military; I workout frequently.
- 4 — Above Average:** I'm in good shape and ready to run 3 miles or play a pickup game of basketball; I workout regularly.
- 3 — Average:** I'm a beer league softball player, able to mow the lawn with a push mower, hand shovel the driveway, sprint 40 yds, or lift/walk with 55 lbs on my back without challenge; I workout occasionally.
- 2 — Below Average:** I might be challenged to sprint 40 yds, or lift/walk with 55 lbs on my back; I could stand to lose a few pounds or get back into shape, but am ready for the physical challenge of paramotor training.
- 1 — Poor:** This is something I want to do, but I'm very out of shape *or* concerned about the physical challenge involved in training.

**18. Do you currently have any medical conditions, mental health issues, or physical challenges that might affect your training, or that your instructors should be aware of?\***

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**19. Are there any medications or substances that you are currently taking that would interfere with your ability to perform safely during flight?\***

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**20. So that we can better meet your needs, on a scale of 1-5 (with 1 being the most important), please rank what you consider to be most important to your training experience:**

- |   |  |
|---|--|
| <input type="checkbox"/> Safety           | <input type="checkbox"/> School reputation   |
| <input type="checkbox"/> Cost             | <input type="checkbox"/> Ground school lessons (e.g. airspace, motor maintenance, weather, etc.) |
| <input type="checkbox"/> Time             | <input type="checkbox"/> Knowledge, skill, or proficiency at the end of the course               |
| <input type="checkbox"/> Value            | <input type="checkbox"/> Staff experience/professionalism  |
| <input type="checkbox"/> Efficiency       | <input type="checkbox"/> Training equipment  |
| <input type="checkbox"/> Simplicity       | <input type="checkbox"/> Location  |
| <input type="checkbox"/> Quality          | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Course structure | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Class size       | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Fun              |  |
| <input type="checkbox"/> Life experiences |  |

**21. Questions, comments, concerns, or anything else you think we should know!**

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\* Please note that any condition or other medical information you disclose in response to this application is confidential and will not automatically disqualify you from participating. ParAmerica will use this information to make an individualized assessment to ensure that your health and safety, and the health and safety of anyone involved in the program, is not compromised or placed at risk based on the unique requirements, demands, and safety considerations of participating in the program.