

Personal Information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Dates of Service (From and To): \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Military Service:

Dates of Active Duty (From and To): \_\_\_\_\_

Locations of Service: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_

Briefly describe your primary duties during military service: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Disability Information:

Do you have a copy of your DD-214? (Yes/No)

Do you have a service-connected disability? (Yes/No)

If yes, please provide the VA disability rating: \_\_\_\_\_%

Please list all disabilities for which you are seeking assistance, along with their respective onset dates and any relevant treatment history:

a. Disability #1:

- Onset Date:
- Treatment History:

b. Disability #2:

- Onset Date:
- Treatment History:

c. (Continue as necessary)

Functional Limitations:

How do your disabilities affect your daily life and functionality? (e.g., mobility, self-care, communication, etc.)

Employment and Education:

Employment Status:

- Employed (Full-time/Part-time)
- Unemployed
- Retired
- Disabled and unable to work

Educational Background:

- Highest level of education completed:

Did your disabilities impact your education in any way? (Yes/No)

Healthcare and Treatment:

Are you currently receiving medical treatment or therapy for your disabilities? (Yes/No)

If yes, please provide details:

List all medications you are currently taking for your disabilities if it would impact your flying or training:

Assistive Devices and Accommodations:

Do you use any assistive devices to aid your mobility or daily activities? (e.g., wheelchair, cane, hearing aid, etc.)

Have you received any special accommodations in your living environment or workplace due to your disabilities? (Yes/No)

If yes, please provide details:

Support System:

Do you have a support system in place to assist you with your disabilities? (e.g., family, friends, caregivers)

Additional Information:

Is there any other information you would like to share about your disabilities or any specific challenges you face?

Consent:

I solemnly declare that the information provided above is accurate and true to the best of my knowledge. Any data received by Run Into The Sky is held in the strictest confidence and will not be sold or disclosed to any third party without your explicit consent. Paramotor Arkansas Flight School and its instructors will have access only to the essential information required to ensure a secure and tailored experience during your stay and training. If you decide not to proceed with training or choose to discontinue before your first solo flight, you have the right to request the withdrawal of this information at any time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_