



2026 OPTIMIST DINGHY APPLICATION AND CONSENT FORM

AP Resident's name (Local contact during the class): _____

AP Resident's contact info during the class: Cell: _____ Email: _____

I hereby certify that I am the _____ (family relationship) of the student listed below and request his/her participation in the Youth Learn to Sail Program Introductory Class offered by the Osprey Yacht Club. I understand that the program is for students 9-13 years old (50-115 lbs; 5'2" or shorter), and the student must be able to swim the length of the Albemarle Plantation Pool without the use of a flotation device to qualify. The cost per session is \$85 per student.

Please indicate which session you wish your student to attend. Both classes are identical.
Each session can have a total of six students. Enrollment is a first-come, first served basis.

(7/06 – 7/10/2026) _____

(7/13 – 7/17/2026) _____

YOUTH INFORMATION: Name: _____ Birth date: _____ Age at time of class: _____

Health and Medications:

Allergies (check those that apply): bees ☐ insect bites ☐ pollen ☐ food ☐ EpiPen ☐ other ☐

(If other, please describe _____

If so what type of reaction? _____

Please provide a description of any current physical, mental, or psychological conditions or factors requiring medication, treatment, special restrictions or considerations while in the sailing program.

Name of Parent/Guardian (please print): _____

Address: _____

Phone: _____ E-mail: _____

Emergency contact cell number IF DIFFERENT from the AP Resident contact above: _____

Signature of Parent/Guardian: _____ Date: _____

Please put this application AND the Youth On-The-Water Release and Waiver of Liability and Indemnity Agreement, and a \$85 check payable to the "Osprey Yacht Club", mailed to Dave Whitten, 122 Cape Fear Drive, Hertford, NC 27944 (OR you may put the same envelope in the wood box under my mailbox, same address)