



## 2026 ADVANCED SUNFISH 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 10-15 years old, that the student must have previously completed the Beginner Sunfish class or similar experience, 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.

ADVANCED Sunfish can have a total of ten students. Enrollment is a first-come, first served basis.

One Class July 27-30, 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)