



# OPTIMIST DINGHY APPLICATION AND CONSENT FORM

## Class limited to 6 students

AP Resident's name \_\_\_\_\_

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 must be able to swim the length of the Albemarle Plantation Pool without the use of a flotation device to qualify. Please indicate which session you wish your student to attend weather permitting.

1<sup>st</sup> Session (7/6 – 7/10/2020) \_\_\_\_\_ 2<sup>nd</sup> Session (7/27 – 7/31/2020) \_\_\_\_\_ (6 students max per session)

Check enclosed for \$25 payable to Osprey Yacht Club.

Send the check and all paperwork to:

**Dick Zimmerman, OYC Education Director**  
**114 Robert Court**  
**Hertford, NC 27944**

### YOUTH INFORMATION:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Health and Medications:

Allergies: (check boxes that apply)  bees  insect bites  pollen  foods  epipen  other

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 \_\_\_\_\_

Local Emergency contact number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: A Youth On-The-Water Release and Waiver of Liability and Indemnity Agreement must also be completed.**