



OUTER BANKS SAILING ACADEMY, LLC.

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2011 YOUTH SAILING REGISTRATION FORM



Nine five day sessions are offered from June 13th thru August 12th ****NOTE dates for July 4th week****
Morning sessions: 8:00 am - 12:00 pm Afternoon sessions: 1:00 pm - 5:00 pm.

Student's Name _____

Birth Date _____ Age as of 06\01\11 _____ Grade _____

Parent's Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Home _____ Work _____ Cell _____

E-mail _____

Any prior sailing experience _____

Sessions

Optimist Beginner / Intermediate

\$210.00

Opti Racer / 420 Program

\$225.00

Please check box for the session date and morning or afternoon preference.

Please indicate 2nd and 3rd choices.

Session dates will be assigned on a first come basis.

Session space can only be guaranteed with payment in full.

If all sessions become filled additional sessions will be added

	Opti Beginner	Opti Intermediate	Opti Racer	420 Program
June 13-17	AM___ PM___			
June 20-24	AM___	PM___		
June 27-July 1	AM___			PM___
July 5-9 (Tues - Sat)	PM___	AM___		
July 11-15	PM___			AM___
July 18-22	AM___	PM___		
July 25-29			PM___	AM___
Aug 1-5	PM___	AM___		
Aug 8-12	AM___	PM___		

Make checks payable to Outer Banks Sailing Academy, LLC. Credit Cards accepted.

Mail payments to: **Outer Banks Sailing Academy, LLC**

PO Box 366

Kill Devil Hills, NC 27948

Full refund if written cancellation is received at least 2 weeks prior to session start.

Program Descriptions

Our Optimist Pram Programs

The Optimist dinghy is a single-handed pram designed to be sailed by sailors age 8-15 and between 50 -120 pounds. This is where a majority of our sailors begin. but should be confident swimmers. Students will be required to pass a basic swimming test. These programs provide plenty of on water time however there is a small amount of discussion time mixed in throughout the sessions.

Optimist Beginner

Designed for our first time sailors these students need no prior sailing experience. Sailors are taught the basics of point of sail, boat parts, safety, and sail control. By day 2 they're off sailing in their own boats. By the end of the week they're sailing confidently and demonstrating all the skills needed to be safe while having fun commanding their own boat. Our youngest sailors may be sail double handed if the instructor feels it will benefit them.

Optimist Intermediate

New for the 2010 season is our Opti Intermediate Program. Here the returning Opti sailor will continue to hone their skills. New techniques such as weight positioning, and advance sail control are developed. Our sailors are introduced to the basics of racing although this is not the primary intent of this program.

Opti Racer

Recommended for our third season sailors second year sailors are eligible to participate. Here racing skills are practiced and honed. Concentration on racing rules, starts, mark roundings, and tactics is what this program is all about. As usual this program is run the week before the annual Outer Banks Sailing Academy, LLC—Roanoke Island Small Boat Regatta is held. Participants in this program have first priority to the available Optimist prams for the regatta. While the regatta is open to all OBSA sailors, this program is highly recommended to those wishing to participate.

420 Program

The Vanguard 420 is a dinghy sailed by two persons. We use the 420 for teaching older beginners, and for further developing the sailing skill of teenagers.

The sailor should be at least 12 years old and weigh 120 lbs. Sailors that don't meet these criteria can take this program if sponsored by an instructor having previous knowledge of the sailor's skills. Completion of the Optimist Program is preferred but is not required. Knowledge of basic sailing skills are preferred but many of our sailors have learned to sail with our 420's.

Participant Agreement, Indemnification, and Assumption of Risk for Minors

(Must be completed by parent or legal guardian for participants under the age of 18)

I acknowledge that my child's participation in the sailing program entails known and unanticipated risks, including the inherent risks associated with water activities. I understand that such risks simply cannot be eliminated without our jeopardizing the essential qualities of this sailing program.

Additionally, I acknowledge and take notice that the North Carolina Department of Environment and Natural Resources and the North Carolina Recreational Water Quality Program have posted the waters of Shallowbag Bay as potentially hazardous for recreational swimming as required by 15A NCAC 18A .3404(a).

I, as a parent or guardian of the below named minor, hereby give my permission for my child to participate in the above named activity(s) and further agree to the terms herein contained. In consideration of _____ (print child's name) [hereinafter "Minor"] being enrolled in the Outer Banks Sailing Academy, LLC Youth Sailing Program and permitted by the Friends of Elizabeth II, Inc. to participate in its activities and to use the equipment and facilities of the Roanoke Island Maritime Museum, I agree to indemnify and hold harmless the Outer Banks Sailing Academy, LLC, the Friends of Elizabeth II, Inc; the Roanoke Island Maritime Museum and the Town of Manteo; The Roanoke Island Commission and the State of North Carolina (collectively, the "Indemnities") from any and all claims, demands, or causes of action which are brought by myself, and/or Minor and/or behalf of Minor against the Indemnities and which are in any way connected with such use or participation by Minor.

I hereby represent that Minor is in good health and able to swim without a Personal Flotation Device for one hundred (100) yards; while treading water, is able to put on or remove a personal flotation device; that I have identified all medical conditions associated with Minor; and that I have adequately informed Outer Banks Sailing Academy, LLC personnel of any special instructions regarding Minor. I certify that I have adequate insurance to cover any injury or damage Minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I certify that to the best of my knowledge the medical information on page 3 of the Agreement is complete and accurate and I authorize personnel to call for medical care for Minor or to transport Minor to a medical facility or hospital if, in the opinion of such personnel, Minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of Minor, in their professional opinion. I agree that once Minor is in the care of medical personnel or a medical facility, the Indemnities shall have no further responsibility for Minor and I agree to pay all costs associated with such medical care and transportation. I have reviewed and acknowledge the Program Requirements on page 2 of this agreement.

Parent or Guardian Signature _____ Date: _____

(print name)

Program Requirements

The sailing course in which you are about to participate is exciting, demanding and challenging, and you need to be aware of what will be involved in the course and be willing to study and practice to achieve success.

A swim test is required of all students on the first day of class, which consists of swimming in normal sailing clothing and deck or boat shoes. Under instructor supervision and approval, the student will swim 50 yards without a Personal Flotation Device (PFD), and while treading water must be able to put on and remove a PFD. You may provide your own U.S. Coast Guard approved Type II or Type III PFD for your proper weight and size. The PFD needs to be form fitting and comfortable as you will be wearing it at all times during the course. If you do not have a Type II or III PFD, you may use one from the Sailing Program.

Boat or tennis shoes will be worn at all times. ***Sandals, flip-flops, and similar footwear are unacceptable since they do not properly protect your feet and toes.*** Boat or tennis shoes with soft non-skid soles and toe bumpers, upper fabric or leather, with tied lacing are acceptable. Boat or tennis shoes assist in preventing injuries from slipping on wet surfaces, cutting feet on broken glass and oyster shells, and stubbing or breaking toes.

To be more comfortable in your environment, bring a change of clothing, a towel, and a bag in which to keep your belongings. For health and safety, bring sunglasses, a hat or visor, sunscreen, and a water bottle. Don't forget your PFD and deck shoes. Other supplies you may need are a notebook and two pencils. Put your name on all items you bring to class.

Student Agreement

I understand that in entering this sailing course I agree to obey all program rules and directives of the Sailing Program's instructors, and that I will use the utmost care in the use of boats and equipment, that I will not engage in any horseplay or other disruptive behavior. I understand that failure to attend classes, arrive promptly, and abide by the rules may result in my suspension from the program.

Student's Signature

Date

Parent/Guardian Agreement

I/We have read the student information booklet. I/We understand the content of this statement and agree to see that our child adheres to the program rules, to assume the obligation for the expense of repair and/or replacement of program equipment that is attributable to my child's reckless or irresponsible behavior, and to make an appointment for a parent-child conference if requested.

Parent or Guardian Signature _____ Date _____

(print name)

Last Name _____
OBSA Youth Sailing 2011
Session: _____
Boat: _____

Medical Information

Student's Name _____
Date of Birth: _____ Height: _____
Parents/Guardians _____
Local Address & Phone _____

Father's Phone Business: _____ Home: _____
Mother's Phone Business: _____ Home: _____

If parents or guardians cannot be reached,
Other person to contact in an emergency. _____
Name: _____ Phone _____
Relationship: _____

Doctors and Medical Insurance
Physician's Name: _____ Phone _____
Dentist's Name: _____ Phone _____
Medical Insurance
Company: _____
Policy Number: _____

Physical Considerations
Date of last physical examination: _____
Allergies to food and drugs: _____
Inoculations Current? _____
Current medications: _____

Are there learning or physical disabilities that would prevent
Full participation in the program? _____

Please describe and medical considerations, needs, or
Concerns about which we should be aware. Please be
Specific. _____

Parent or Guardian Signature

Date