

2017 LaBelle Yacht Club Sailing School

X-Boat Registration Form

Dates: June 13th through August 3rd

**Sailing School 2017 Open House and Registration Saturday, March 25th 10am-12pm
at the Lutheran Homes LaBelle Café Meeting Room.**

X Fleet Registration Information

All X Boat classes to be held at the Harris property - N57W38423 Beggs Isle Drive

Schedule: Classes run June 13th thru August 3rd
Tuesday 1:00 -4:00

Thursday - SAME TIME BUT NEW SCHEDULE!

10am - Race (**this means the race starts at 10!**)

After Race – Bag lunch and race critique (bring your own bag lunch!)

1:00-2:30 – Group sailing school

2:30-4:00 – Divide Group – Regatta Ready sailors & Beg/Intermediate

Cost: \$355 Skipper
\$170 ONE X Boat Crew
\$97.50 Each if TWO X Boat Crews (each crew receives a tshirt)

X Boat Regattas	Date	Location	Mostly for:
Tune Up	May 20-21	LaBelle	All – but early in the season
Quint	June 21	Okauchee	Intermediate and up
TRAP – Jr. & Sr. fleet	June 27-28	Pine	All - this is a training regatta
GLSS X	July 10-11	Geneva	Intermediate and up
Oshkosh X-treme	July 17-18	Oshkosh	Intermediate and up
WYA Championship	July 22-23	Pine	Intermediate and up-Large; one fleet
ILYA Championships	July 26-29	Delavan	Intermediate and up Large: Jr and Sr fleet

X-Blue Chip

Aug. 11-12

Cedar

Must qualify- Invite Only- 30 Boats

LYCSS X Boat Skipper Registration Form 2017

- 1. Skipper Name:** _____
T-shirt size Youth M L Adult S M L XL
- 2. Crew #1 Name:** _____
T-shirt size Youth M L Adult S M L XL
- 3. Crew #2 Name:** _____
T-shirt size Youth M L Adult S M L XL

Information for Skipper

Address: _____ City and State _____

Parent #1 Name: _____

Phone #: _____ Cell #: _____ Email: _____

Parent #2 Name: _____

Phone #: _____ Cell #: _____ Email: _____

Emergency Contact Information for Skipper

Primary Contact Name: _____

Address: _____ City and State _____

Phone #: _____ Cell #: _____

Secondary Contact Name: _____

Address: _____ City and State _____

Phone #: _____ Cell #: _____

LYCSS X Boat Crew Registration Form 2017

1. **Skipper Name:** _____

2. **Crew #1 Name:** _____

T-shirt size Youth M L Adult S M L XL

3. **Crew #2 Name:** _____

T-shirt size Youth M L Adult S M L XL

Information for Crew

Address: _____ City and State _____

Parent #1 Name: _____

Phone #: _____ Cell #: _____ Email: _____

Parent #2 Name: _____

Phone #: _____ Cell #: _____ Email: _____

Emergency Contact Information for Crew

Primary Contact Name: _____

Address: _____ City and State _____

Phone #: _____ Cell #: _____

Secondary Contact Name: _____

Address: _____ City and State _____

Phone #: _____ Cell #: _____

Please note, this is the order in which they are contacted.

SAILING SCHOOL RELEASE AND MEDICAL AUTHORIZATION

NEEDED FOR SKIPPER AND CREWS!

The undersigned parents of _____ desire his/her child to participate in the 2017 LYC Sailing School program and acknowledge that there are dangers and risks of injury or property damage inherent in the activity, but still desire his/her child to participate.

THEREFORE, the undersigned, in consideration of the opportunity for their child to participate and other good and valuable consideration, do hereby forever and by these presents do for their heirs, executors, successors and assigns, release and discharge the La Belle Yacht Club, the La Belle Yacht Club Sailing School Corp., their directors, agents, employees and all other parties acting on behalf of La Belle Yacht Club and La Belle Yacht Club Sailing School Corp. from any and all claims, action, causes of action, damages, expenses and/or compensation whatsoever which the undersigned, and/or his child, may hereinafter incur on account of any and all known or unknown, foreseen or unforeseen, bodily and/or personal injuries and/or property damage resulting from an accident or event arising out of the Sailing School activities.

FURTHER, the undersigned parents, in the event that he or she cannot be contacted through reasonable efforts, do hereby empower and grant **Sean Harris, Karolynn Kunz** and **Lynn Harris** permission to consent and authorize medical and hospital care and treatment for their above child. This authorization shall be valid from June 1, 2017 through August 31, 2017. We do hereby indemnify and hold harmless the physicians, hospital and other persons who acted in reliance upon this authorization.

The undersigned further declare and represent that no promises, inducements or agreements not herein expressed have been made and this Release and Medical Authorization contains the entire agreement between the parties.

The undersigned have read the foregoing Release and Medical Authorization and fully understand it.

Executed this ___ day of _____, 2017. _____
PARENT

Emergency Contact: _____ **Phone:** _____

Relationship: _____