



# 2018 LaBelle Yacht Club Sailing School – Optis –

---

**Tuesday June 13<sup>th</sup> – Thursday August 1<sup>st</sup>**  
**Lutheran Homes of Oconomowoc**  
**1506 W Wisconsin Avenue**

*Optimus Prams are sailed from ages 7-14.  
Please contact us with any questions.*

## **OPTI LEARN-TO-SAIL CLASS**

Designed for the first-time sailor who does not have time for the full summer program. This class eases the student into the water with games and fun drills.

**COST:** \$175 per sailor (includes \$25 boat rental)\*  
**SCHEDULE:** Monday & Wednesday: 3:00-5:00, June 13<sup>th</sup> thru August 1st  
*Session 1:* June 13, 18, 20, 25, 27  
*Session 2:* July 9, 11, 16, 18, 23

*\* Includes introductory short-term LaBelle Yacht Club membership – see page 3 for more details*

## **BEGINNER OPTI CLASS**

This class eases the student into the boat and water with games and fun drills. Designed for the first-time sailor or returning sailors who are not always confident in a boat by themselves.

**COST:** \$375 (w/ boat rental) or \$275(w/o boat rental) - rental includes Wed night racing\*  
**SCHEDULE:** June 13<sup>th</sup> thru August 1st  
Monday & Wednesday: 10:00 -12:00 or 3:00-5:00

*\* Includes introductory short-term LaBelle Yacht Club membership – see page 3 for more details*

## **INTERMEDIATE OPTI CLASS**

Designed for sailors who are confident in a boat alone and are able to sail around a triangular course. This class fine-tunes basic skills and introduces race skills; start lines, basic race rules and improved boat handling. We strongly encourage intermediate sailors to sail in 6pm Wednesday night races and some off-lake regattas. There is also a weekly sailing school series race that takes place during class and includes a trophy at the annual LYC trophy banquet.

**COST:** \$400 (w/ boat rental) or \$300(w/o boat rental) - rental includes Wed night racing  
**SCHEDULE:** June 13<sup>th</sup> thru August 1st  
Monday & Wednesday: 12:45-2:45

## **ADVANCED OPTI CLASS**

Designed for sailors with a mastery of all points of sail. There is a strong emphasis on proper positioning, boat handling, strategy and race tactics. In addition to these classes, it is recommended that the participants attend Off Lake regattas to further their knowledge of sailing. (See ILYA Website at ILYA.org)



# 2018 LaBelle Yacht Club Sailing School

## - Optis -

---

**COST:** \$400 (w/ boat rental) or \$300(w/o boat rental) - rental includes Wed night racing  
**SCHEDULE:** June 13<sup>th</sup> thru August 3<sup>rd</sup>  
 Monday & Wednesday: 12:45-2:45

### IMPORTANT INFORMATION FOR BEGINNER SAILORS

A trial Labelle Yacht Club membership is granted to all first-year sailors. This also includes the (\$30) boat registration fee required for trophy eligibility for the Wednesday racing series.

### IMPORTANT INFORMATION FOR INTERMED/ADV SAILORS

#### NEW! Lake Country Opti Club

Are you enjoying sailing and want to spend more time racing? The best way to really improve your sailing skills is to sail on other lakes against different sailors. Lake Country Optis is a very low key, fun racing program designed to help kids become more comfortable racing. Ask any veteran Opti sailor what their favorite part of sailing Optis was and they will probably say “the Lake Country Opti program!”. It’s really fun to sail on different lakes and meet new friends – big part of the sailing world! The LCO Club takes place on Fridays on six different lakes. Parents are responsible for transporting their child and boat to/from the hosting lake. A sailing school instructor will be present to help with everything else!

**COST:** \$50 upfront club fee (this includes off lake boat rental) \$25 per session  
**SCHEDULE:** Friday, June 16th (10a-3p) – Pewaukee Lake Sailing School  
 Friday, June 22nd (10a-3p)– Pine Lake Sailing School  
 Friday, June 29th (10a-3p)– North Lake Sailing School (NLYC)  
 Friday, July 6th (10a-3p)– Okauchee Lake Sailing School  
 Friday, July 13th, TRAC Regatta – Cedar Lake\*  
 Friday, July 20th (10a-3p)—LaBelle Sailing School

#### Wednesday Evening Race Series: 6pm starting June 13th

Pack the cooler, bring some snacks and hop on a spectator boat to enjoy beautiful Labelle evenings as you watch your children sail and race their optis. While this Wednesday series is expected for Intermediate and Advanced Fleet kids, beginner sailors are encouraged to participate if they feel comfortable. Race series concludes with trophies to top finishing registered opti boats and their skippers, awarded at the LYC trophy banquet in the fall.

#### Additional Opti Regatta Information:

Below is a quick guide for those of you interested in off lake regattas. The instructors in class will provide more information, and if you are unsure if your sailor is ready for a specific regatta, ask the Instructors or experienced Opti Parents. Parents are responsible for transporting both boat and child to these regattas. **Instructors attend with you!** You can also visit [www.labelleyachtclub.org](http://www.labelleyachtclub.org), [www.ilya.org](http://www.ilya.org), and [www.usoda.org](http://www.usoda.org) as well.

	LOPN	Beulah Fun	GLSS	TRAC	No Tears ILYA	ILYA Opti	Kaszube Cup	Pram Power
<b>Date</b>	TBD	June 25	July 9-12	July 23	July 24	July 29-31	TBD	Aug. 4
<b>Location</b>	TBD	Beulah	Geneva	Cedar	Nagawicka	Delavan	South Shore YC	North Lake



# 2018 LaBelle Yacht Club Sailing School

## - Optis -

---

<b>Beginner</b>		X		X				X
<b>Intermed</b>	X	X	X	X	X	X	X	X
<b>Advanced</b>	X	X	X	X	X	X	X	



# 2018 LaBelle Yacht Club Sailing School - Optis -

---

## Registration Form

1. Skipper/Student Name: \_\_\_\_\_ Age \_\_\_\_\_

Participating in:     **Beginner**     **Intermediate**     **Advanced**     (Circle One)

2. Skipper/Student Name: \_\_\_\_\_ Age \_\_\_\_\_

Participating in:     **Beginner**     **Intermediate**     **Advanced**     (Circle One)

3. Skipper/Student Name: \_\_\_\_\_ Age \_\_\_\_\_

Participating in:     **Beginner**     **Intermediate**     **Advanced**     (Circle One)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Parent #1 Name/Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent #2 Name/Emergency Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### CLASS FEES

Class name/time/session \_\_\_\_\_ Sailor #1 \$ \_\_\_\_\_

Class name/time/session \_\_\_\_\_ Sailor #2 \$ \_\_\_\_\_

Class name/time/session \_\_\_\_\_ Sailor #3 \$ \_\_\_\_\_

Do you plan to sail off lake? *Off lake rental fee \$30 per boat*     \$30.00 x \_\_\_ = \_\_\_\_\_

**TOTAL** \_\_\_\_\_

Please mail in your application ASAP. Classes are filling up for the summer. Mail completed registration form and checks (payable to LYCSS) to: LYCSS, PO Box 826, Oconomowoc, WI 53066

New to all this sailing stuff and confused?? Please call, text or email me!  
Lynn Harris - 414-303-3663 (Cell) - [Dharris9@wi.rr.com](mailto:Dharris9@wi.rr.com)



# 2018 LaBelle Yacht Club Sailing School - Optis -

---

## SAILING SCHOOL RELEASE AND MEDICAL AUTHORIZATION

The undersigned parents of \_\_\_\_\_ desire his/her child to participate in the 2018 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, 2018 through August 31, 2018. 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 \_\_\_\_\_, 2018.

\_\_\_\_\_  
GUARDIAN SIGNATURE/EMERGENCY CONTACT

RELATIONSHIP: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_

PHONE #: \_\_\_\_\_

# CONCUSSION FORM



WISCONSIN DEPARTMENT OF  
PUBLIC INSTRUCTION



## PARENT & ATHLETE AGREEMENT

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be completed for every sports season and every youth athletic organization the athlete is involved with.*

### Parent Agreement:

I \_\_\_\_\_ have read the Parent Concussion and Head Injury Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Athlete Agreement:

I \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature \_\_\_\_\_ Date \_\_\_\_\_



125 South Webster Street,  
PO Box 7841,  
Madison, WI 53707-7841

PHONE 608-266-3390  
TOLL FREE 800-441-4563  
WEB SITE <http://www.dpi.wi.gov>



# CONCUSSION FORM

## Questions and Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ School District \_\_\_\_\_

Check all that apply  
I participate in:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Football      | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball        | <input type="checkbox"/> Hockey              |
| <input type="checkbox"/> Soccer        | <input type="checkbox"/> Golf              | <input type="checkbox"/> Volleyball        | <input type="checkbox"/> Wrestling           |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country     | <input type="checkbox"/> Cheerleading      | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics    | <input type="checkbox"/> Tennis            | <input type="checkbox"/> Swimming & Diving |  |
| <input type="checkbox"/> Other _____   |  |  |  |

Name of Current Team \_\_\_\_\_

1. Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_
2. Have you ever experienced concussion symptoms? \_\_\_\_\_ Did you report them? \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please complete this form and return to the person operating the youth athletic activity.