



La Belle Yacht Club Sailing School

- X-Boats -

Tuesday June 13th – Thursday August 1st
Lutheran Homes of Oconomowoc
1506 W Wisconsin Avenue

X-Boat Class Details

COST: \$355 per sailor
 \$170 ONE X Boat Crew
 \$97.50 Each if TWO X Boat Crews (each crew receives a t-shirt)

SCHEDULE:

TUESDAY 1-4pm Learning/practice

THURSDAY 10am Race (this means the race starts at 10!)
 Lunch Bag lunch and race critique (bring your own bag lunch!)
 1:00-2:30 Group sailing school
 2:30-3:30 Divide Group – Regatta Ready sailors & Beg/Intermediate

X Boat Regattas	Date	Location	Level of Participation
Tune Up	May 19-20	LaBelle	All – but early in the season
Quint	June 20	North Lake	Intermediate and up
TRAP – Jr. & Sr. fleet	June 26-27	Pine	All - this is a training regatta
GLSS X	July 9-10	Geneva	Intermediate and up
Oshkosh X-treme	July 16-17	Oshkosh	Intermediate and up
WYA Championship	July 21-22	Pine	Intermediate and up-Large; one fleet
ILYA Championships	July 25-28	Delavan	Intermediate and up Large: Jr and Sr fleet
X-Blue Chip	TBD (Aug)	Cedar	Must qualify - Invite Only - 30 Boats



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Registration Form

1. Skipper Name: _____ Age: _____ Cost: \$ _____

Address: _____ City/Zip: _____

Parent #1 Name: _____

Phone #: _____ Email: _____

Parent #2 Name: _____

Phone #: _____ Email: _____

2. Crew Name: _____ Age: _____ Cost: \$ _____

Address: _____ City/Zip: _____

Parent #1 Name: _____

Phone #: _____ Email: _____

Parent #2 Name: _____

Phone #: _____ Email: _____

3. Crew Name: _____ Age: _____ Cost: \$ _____

Address: _____ City/Zip: _____

Parent #1 Name: _____

Phone #: _____ Email: _____

Parent #2 Name: _____

Phone #: _____ Email: _____

TOTAL: _____ \$ _____

Please mail in your forms and checks, payable to LYCSS, ASAP to: LYCSS, PO Box 826, Oconomowoc, WI 53066



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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: 608-266-3300
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.