



# La Belle Yacht Club Sailing School

## - X-Boats -

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**Tuesday June 13<sup>th</sup> – Thursday August 1<sup>st</sup>**  
**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

| <b>X Boat Regattas</b> | <b>Date</b> | <b>Location</b> | <b>Level of Participation</b>              |
|------------------------|-------------|-----------------|--|
| 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.