



2020 LaBelle Yacht Club Sailing School – Optis –

**Wednesday June 17th – Wednesday July 29th
Lutheran Homes of Oconomowoc
1506 W Wisconsin Avenue**

Optimus Prams are sailed from ages 7-14

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 17th thru July 29th
Session 1: June 17, 22, 24, 29 & July 1, 6
Session 2: July 8, 13, 15, 20, 22, 27

** Includes introductory short-term \$30 LaBelle Yacht Club. This also includes the \$30 boat registration fee required for trophy eligibility for the Wednesday racing series.*

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 17th thru July 29th - 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/ADVANCED 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 boat use for Wed night racing
SCHEDULE: June 17th thru July 29th - Monday & Wednesday: 12:45-2:45



2020 LaBelle Yacht Club Sailing School

- Optis -

WEDNESDAY EVENING RACE SERIES: 6pm starting June 17th

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

Opti Regatta Information

Below is a quick guide for the opti regatta race season. If you are unsure whether your sailor is ready for a specific regatta, ask the Instructors for their input. Regattas are a series of races over 1-3 days.

Parents are responsible for transporting both boat and child to these regattas. However, we **STRONGLY** encourage kids to get out and race, so *please* let us know if you need help with transport to and from any regatta.

Instructors attend with you! We always have an instructor present at regattas for coaching, encouragement and support. Regattas are a ton of fun and great learning experiences.

You can visit www.labelleyachtclub.org, www.ilya.org, and www.usoda.org for more regatta information.

	LBSS Opti Beulah	Kaszube Cup	GLSS Dinghyfest	TRAC (Training)	No Tears	ILYA Opti	ILYA Opti Champs	Pram Power	Red White Blue Chip
Date	June 29	July 6-9	July 8-9	July 17	July 27	July 29-Aug 1	Aug 2-4	August 6	Aug 9-11
Location	Beulah	South Shore	Geneva	Cedar	North	Geneva	Beulah	North Lake	La Belle
Beg	X			X	X			X	
Int	X	X	X	X	X	X		X	X
Adv	X	X	X	X	X	X			X



2020 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. Please mail in forms/checks payable to LYCSS to:

Colleen Mihelich
420 N Lake Road
Oconomowoc, WI 53066.

New to all this sailing stuff? Confused?? Please call, text or email me!
Colleen Mihelich- 414-750-1824 (Cell) – clmihelich@hotmail.com



2020 LaBelle Yacht Club Sailing School - Optis -

SAILING SCHOOL RELEASE AND MEDICAL AUTHORIZATION

The undersigned parents of _____ desire his/her child to participate in the 2020 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 **Alex Keck, Quinn Harris** and **Colleen Mihelich** permission to consent and authorize medical and hospital care and treatment for their above child. This authorization shall be valid from June 1, 2020 through August 31, 2020. 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 _____, 2020.

GUARDIAN SIGNATURE/EMERGENCY CONTACT

RELATIONSHIP: _____

GUARDIAN NAME: _____

PHONE #: _____