



La Belle Yacht Club Sailing School

- X-Boats -

Tuesday June 16th – Thursday July 30th
The Harris Home on Beggs Isle

X-BOAT CLASS DETAILS

X-boats are a 16' boat sailed with 2 people. Skippers are experienced sailors. Crews usually have some sailing experience but not always. This boat is sailed until 16 years of age.

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	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

2020 SEASON X-BOAT REGATTA SCHEDULE

X Boat Regattas	Date	Location	Level of Participation
Tune Up	May 16-17	La Belle	All – but early in the season
Quint	June 18-19	La Belle	Open to all
TRAP – Jr. & Sr. fleet	June 23-24	Pine Lake	Int-Adv (no longer a training regatta)
Lake Country X	June 25-26	Pewaukee	Beginner-Intermediate
GLSS X	July 6-7	Lake Geneva	Intermediate and up
Oshkosh Xtreme	July 13-14	Oshkosh	Intermediate and up
WYA Championship	July 25-26	Pewaukee	Intermediate and up-Large; one fleet
ILYA Championships	July 29-Aug 1	Lake Geneva	Intermediate and up, Large: Jr and Sr fleet
X-Blue Chip	August 7-8	Cedar Lake	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 forms/checks payable to LYCSS to: Colleen Mihelich 420 N Lake Road, Oconomowoc, WI 53066.



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SAILING SCHOOL RELEASE 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 September 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 #: _____