



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

ALL SCHEDULED REGATTAS ARE TENTATIVE AND MAY BE CANCELLED.

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 AND MEDICAL AUTHORIZATION WITH COVID -19 PANDEMIC RELEASE

The undersigned (“you”), parents of _____ (insert name(s) of Child(ren)) desire that your child(ren) to participates in the 2020 LYC Sailing School program in spite of the dangers and risks of injury or property damage inherent in the activity.

GENERAL RELEASE. You, in consideration of the opportunity for your child(ren) to participate and other good and valuable consideration, do hereby forever and by these presents do for your heirs, executors, successors and assigns, release and discharge the La Belle Yacht Club, Inc. and the La Belle Yacht Club Sailing School Corporation (collectively the “Club”), their directors, agents, employees and all other parties acting on behalf of the Club, from any and all claims, action, causes of action, damages, expenses and/or compensation whatsoever which you, 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.

MEDICAL AUTHORIZATION. FURTHER, you, in the event that you or any other parent or guardian 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 the above child(ren). This authorization shall be valid from June 1, 2020 through August 31, 2020. You hereby indemnify and hold harmless the physicians, hospital and other persons who act in reliance upon this authorization.

COVID-19 PANDEMIC RELEASE. COVID-19 has been declared a worldwide pandemic, is extremely contagious and is believed to spread from person-to-person contact. As a result, federal, state, and local governments recommend social distancing and other protective measures. The Club has put in place preventative measures that it believes will reduce the risk of spread of COVID-19; however, the Club cannot guarantee that you or your child will not become infected with COVID-19. Further, attending events at or sponsored by the Club could increase your risk and your child(ren)’s risk of contracting COVID-19.

COVID-19 PANDEMIC RELEASE. (continued) By signing this agreement, you acknowledge the contagious nature of COVID-19 and voluntarily assumes the risk that you and/or your child(ren) may be exposed to or infected by COVID-19 by attending events sponsored by the Club and that such exposure may result in injury, illness, permanent disability, and death. You acknowledge that the risk of becoming exposed to or infected by COVID-19 at events sponsored by the Club may result from the actions, omissions, or negligence of parties affiliated with the Club, including, but not limited to, Club directors, employees, volunteers, agents and program participants and their families.



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COVID-19 PANDEMIC RELEASE. (continued) You assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death of you or your child(ren) or any damage, loss, claim, liability, or expense of any kind, that may be experienced in connection with participation in Club programming (“Claims”). You, on your behalf, and on behalf of your child(ren) release, discharge, and holds harmless the Club, its directors, agents, employees and all other parties acting on behalf of the Club, of and from the Claims and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its directors, employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

COMPLETE AGREEMENT. You 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

YOU HAVE READ AND UNDERSTAND THIS DOCUMENT. You 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 #: _____