

**25th ANNUAL**  
**LAKE BEULAH SAILING SCHOOL OPTIMIST DINGHY REGATTA**  
**MONDAY, JUNE 26, 2017**



**Headquarters:** Lake Beulah Yacht Club, East Shore Road, East Troy, WI. (Approximately 30 minutes from Lake Geneva & Milwaukee). Located off Hwy. ES between Mukwonago and East Troy, Wisconsin, turn west on Beach or Army Lake Road, follow signs to the yacht club.

**Launching: 8:00am to 9:30am.** Note that Lake Beulah requests that all boats and trailers be washed prior to entry into the lake to protect against zebra mussels.

**RACE HARD! RACE SMART! RACE FAST!**

**Registration:** Opens @ 8:00 am  
**RWB Skippers Meeting:** @ 9:00 am

A traditional four race regatta with judges, guns and penalties.

The races will be run in accordance with the following IODA color-code system:

Red Fleet (13-15 years)

Blue Fleet (11-12 years)

White Fleet (8-10 years)

Green Fleet (first year racing sailors)

**Courses:** Red, white, and blue fleets will all race on the same course. The Green Fleet will have a separate sailing area and a separate starting sequence.

**Equipment required:** Boat with regulation flotation bags, tie downs on mast and centerboard, bailer, USCG approved life jacket, and a whistle.

**Awards:** RWB - First through tenth place awards will be presented for overall performance. First through third place for Red Fleet; First through fifth place awards will be presented white and blue fleets. First through third place for Green Fleet; all Green Fleet sailors will receive participation awards.

RWB Optimist Regatta _____ Green Fleet Regatta _____		Email:
Sailor Name:	Age as of June 26, 2017:	Birth Date:
Address:		
Phone:	Yacht Club:	Sail Number:

**All registration forms must be postmarked by no later than Saturday, June 17, 2017. Mail forms with \$50 registration fee to: Nancy Schmidt, N9258 Windy Way, Mukwonago, WI 53149.**

**Late fee of \$15 will be assessed for those forms received either postmarked after June 17 or received at time of registration. Registration will be limited to the first 100 sailors.**

**LAKE BEULAH SAILING SCHOOL, INC.**

**Emergency Information and Medical Consent Form**

**Participant Name:** \_\_\_\_\_

**Emergency Contact Information:**

Contact Names: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

If under 18, Primary Parent or Guardian Contact Name and Phone: \_\_\_\_\_

If under 18, Secondary Parent or Guardian Contact Name and Phone: \_\_\_\_\_

Alternate Emergency Contact and Phone: \_\_\_\_\_

Who do you wish for us to attempt to contact first in case of emergency: \_\_\_\_\_

Location where student's medical records kept: \_\_\_\_\_

**List any factors that are pertinent to emergency medical treatment:**

· Medical conditions (Circle and explain): Diabetes, Asthma, Epilepsy, Bleeding, Heart condition, other:

\_\_\_\_\_

· Blood Type (if known) \_\_\_\_\_

· Allergies \_\_\_\_\_

· Date of last tetanus shot \_\_\_\_\_

· Current medications and dosage, if any \_\_\_\_\_

· Does the student have a history of, or currently have, any physical limitations or chronic ailments which may prevent full participation in this course?

\_\_\_\_\_

· Student's Physician and Phone Number \_\_\_\_\_

· Health Insurance carrier \_\_\_\_\_

· Health Insurance ID & Group Number \_\_\_\_\_

**Parent/Guardian Medical Treatment Authorization:**

I hereby authorize officials and/or employees of the Lake Beulah Sailing School, Inc. and consent them to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for the participant named above, for immediate care and agree that I will be responsible for payment of any and all medical services required. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any treatment shall not be withheld if the undersigned cannot be reached. Parent signature \_\_\_\_\_ Date \_\_\_\_\_

# LAKE BEULAH SAILING SCHOOL, INC.

## RELEASE OF LIABILITY

In consideration of the undersigned's participation in the Lake Beulah Optimist Dinghy Fun Regatta ("the Regatta") sponsored by and hosted by the Lake Beulah Sailing School (the "Host") with Lake Beulah Yacht Club on June 26, 2017, the undersigned participant ("Participant"), and if such Participant is a minor, the Participant's parent or legal guardian by countersigning below, on behalf of themselves and their respective heirs, executors, administrators, personal representatives and next of kin (collectively with Participant, "Releasers"), hereby forever waive, release and discharge the Host and its respective parents, members, managers, employees, officers, directors, agents, representatives, successors and assigns (each a "Released Party") from any and all claims, demands, damages, judgments, executions, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, which a Releaser may have, or claim to have, against any Released Party resulting from death, personal injury, property damage or other loss Releaser may sustain as a result of participating in the Regatta or other activities related thereto.

**THIS RELEASE IS INTENDED TO DISCHARGE EACH RELEASED PARTY FROM ANY AND ALL LIABILITY ARISING OUT OF OR CONNECTED IN ANY WAY WITH RELEASOR'S PARTICIPATION IN THE REGATTA EVEN IF THAT LIABILITY ARISES OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF ANY RELEASED PARTY.**

Releasers hereby acknowledge that serious accidents occasionally occur during sailing activities and that mortal or serious personal injuries and/or property damage or other loss may result from participation in the Regatta. Releasers knowingly assume all risks of participation in the Regatta, including all risk of personal injury and loss of or damage to the Releasers or their property, including further injury sustained as the result of the efforts of third parties who come to the aid of Releaser(s) if injured as a result of participation in the Regatta, and release all other persons and entities mentioned above who might otherwise be liable to Releasers. Releasers agree to abide by all rules of the Host in connection with participation in the Regatta and understand that the failure to observe and obey such rules may result in instant revocation of Releaser's(s') right to participate in the Regatta.

Signature of Regatta Participant: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **PARENT OR GUARDIANS FOR MINORS (UNDER 18 YEARS OF AGE)**

The undersigned parent and/or natural or legal guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to release each and all of the Released Parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said Party(ies) because of any defect in or lack of such capacity to so act and release said Party(ies) on behalf of all Releasers as specified herein.

Signature of Parent/Legal Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



# PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

**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 \_\_\_\_\_

