

# GLSS 2010 Youth Schedule and Rates

Geneva Lake Sailing School 1250 S. Lakeshore Dr., Fontana, WI 53125 (262) 275-8489; Fax: (262) 275-8489



## Kinder Pram (ages 4-6)

Beginner / With Guardian

Spring Discount

Day	Time	Dates:	Class Code:	Cost:	Ends April 25:
Monday	5-7pm	June- 21, 28 July- 5, 19, 26	KP1	\$250	\$225

## Pram Intro (ages: 7-11)

Beginning / Intermediate Sailing

Spring Discount

Camp:	Dates:	Times:	Days:	Class Code:	Cost:	Ends April 25:
1	Jun 14-18	9am-3pm	Mon - Fri	PC1	\$350	\$335
2	Jun 21-25	9am-3pm	Mon - Fri	PC2	\$385	\$370
3	Jun 28-Jul 2	9am-3pm	Mon - Fri	PC3	\$420	\$405
4	Jul 5-9	9am-3pm	Mon - Fri	PC4	\$420	\$405
5	Jul 19-23	9am-3pm	Mon - Fri	PC5	\$420	\$405
6	Jul 26- Jul 30	9am-3pm	Mon - Fri	PC6	\$385	\$370
7	Aug 2-6	9am-3pm	Mon - Fri	PC7	\$385	\$370

## 420 Intro (ages: 12-18)

Beginning / Intermediate Sailing

Spring Discount

Camp:	Dates:	Times:	Days:	Class Code:	Cost:	Ends April 25:
1	Jun 14-18	9am-3pm	Mon - Fri	FC1	\$350	\$335
2	Jun 21-25	9am-3pm	Mon - Fri	FC2	\$385	\$370
3	Jun 28-Jul 2	9am-3pm	Mon - Fri	FC3	\$420	\$405
4	Jul 5-9	9am-3pm	Mon - Fri	FC4	\$420	\$405
5	Jul 19-23	9am-3pm	Mon - Fri	FC5	\$420	\$405
6	Jul 26- Jul 30	9am-3pm	Mon - Fri	FC6	\$385	\$370
7	Aug 2-6	9am-3pm	Mon - Fri	FC7	\$385	\$370

## Youth Reachers (ages: 8-12)

Intermediate Sailing

Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 14 - 24	9am -Noon	Mon – Fri	YRC1	\$420	\$405
2	Jun 28 -Jul 8	9am -Noon	Mon – Fri	YRC2	\$420	\$405
3	Jul 19 – 30	9am -Noon	Mon – Fri	YRC3	\$420	\$405

## Opti Learn-to-Race

Intermediate Sailing (ages: 8-15)

Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 14 - Jul 1	1-4pm	Mon – Thur	OLR1	\$420	\$405
2	July 5 – Jul 29	1-4pm	Mon – Thur	OLR2	\$420	\$405

*Both Sessions \$799*      *Both \$749*

## Reachers (ages: 11-18)

Intermediate/Advanced Sailing (ages: 11-18)

Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 14 - 25	1-4pm	Mon – Fri	RC1	\$420	\$405
2	Jun 28 -Jul 9	1-4pm	Mon – Fri	RC2	\$420	\$405
3	Jul 19 – 30	1-4pm	Mon – Fri	RC3	\$420	\$405

## Advanced Racing Teams

Advanced Sailing

Spring Discount

Fleet:	Ages:	Dates:	Time:	Days:	Class:	Cost:	Ends April 25
Opti Racing	9-15	June 14-Aug 7	1-4pm	Mon – Thur	ORT	\$950	\$900
X-Boat Helm	11-16	June 14-Jul 31	8:30am-Noon	Mon – Fri	XRT	\$950	\$900
X-Boat Crew	8-16	June 14-Jul 31	8:30am-Noon	Mon – Fri	XCRT	\$300	\$250
JO	13-19	June 14-Jul 26	Mon 8:30am-Noon and Wed 4:30-6 PM		JO	\$450	\$420
JO Crew	13-19	June 14-Jul 26	Mon 8:30am-Noon and Wed 4:30-6 PM		JOC	\$300	\$250
JO & X Helm	13-16	June 14-Jul 31	Mon-Wed, Fri 8:30-12 & 4:30-6 Wed		JOX	\$950	\$900

NOTE: Sailors must have completed at least one Learn-to-Race Class.

You can also register online at [www.glss.org](http://www.glss.org).

# 2010 Summer Sailing Registration Form

Geneva Lake Sailing School 1250 S. Lake Shore Dr., Fontana, WI 53125 (262) 275-8489; Fax: (262) 275-8489



## Parent Information

Name(s):	Summer Home Phone:
Permanent Address:	Cell Phone:
City: State: Zip:	In Case of Emergency, Contact:
Email Address:	Name:
Home Phone:	Phone:

## Student Information

Name(s):	Age:	Birth:	Sex:	T-Shirt Size:	Class Code:	Class Description:	Dates	Fee:
<i>Sample</i>	<i>X</i>	<i>00/00/00</i>	<i>M/F</i>	<i>Youth Large</i>	<i>PC2</i>	<i>Pram Camp 2</i>	<i>June 22-26</i>	<i>\$385</i>
[ ] "I would like to include a tax-deductible donation to the GLSS."							Donation Amount:	
<b>Total Amount Due:</b>								

## Payment Information

Check number: # \_\_\_\_\_

Visa / MC Card: # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ 3-digit code: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: [ ] Same as above, (if not please indicate below):

\_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

## Survey

Did you sail with the GLSS last year? [ ] Yes [ ] No How did you hear about us? [ ] Newspaper ad; [ ] Brochure Mailing; [ ] Newspaper story; [ ] Word of mouth; [ ] Rec. Dept. mailing; [ ] Web site;

[ ] Other: \_\_\_\_\_

**You can also register online at [www.glss.org](http://www.glss.org).**

# GLSS Emergency Contact / Release Form

Student Name: \_\_\_\_\_

If Student is a minor, please fill in the following information:

Mother's Name	Father's Name:	
Day Phone:	Day Phone:	
Eve. Phone:	Eve. Phone:	
Who do you wish notified in case of emergency?		
If you cannot be reached at the above phone numbers, please indicate a relative or friend that can authorize and consent to necessary emergency medical treatment:		
Name:	Relationship:	Phone:
1)		
2)		
Doctor/Clinic:	Phone:	
Please circle any that apply and give details below: [ Eyeglasses ] [ Hearing Aids ] [ Asthma/allergies ] [Attention deficit disorder] [ Diabetes/hypoglycemia ] [ Contact Lenses ] [ Epilepsy ] [ Circulatory/heart condition ] [ Hemophilia/bleeding condition ]		
Details (use back of sheet if necessary):		

## Emergency Treatment Authorization

I/We the undersigned parent, parents, or legal guardian of \_\_\_\_\_ (the child), a minor, hereby authorize the GLSS and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

Initials: \_\_\_\_\_

## Release

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the Geneva Lake Sailing School to accept his/her child into the Geneva Lake Sailing School, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the Geneva Lake Sailing School, its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the Geneva Lake Sailing School or any activities on or the use of any facilities or equipment of the Geneva Lake Sailing School.

Initials: \_\_\_\_\_

## Photographic Release

I hereby acknowledge that my child may be photographed while participating in Geneva Lake Sailing School activities and/or programs; I hereby unconditionally authorize Geneva Lake Sailing School, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

Initials: \_\_\_\_\_

## Parental Agreement

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while at the Geneva Lake Sailing School and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is attributed to our child's reckless or irresponsible behavior and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor conference if requested.

Initials: \_\_\_\_\_

x

\_\_\_\_\_  
Signature of Father, Mother, Guardian, or Adult Student

\_\_\_\_\_  
Date