



2013 Corinthian Yacht Club of Cape May Laser and Opti Racing Clinic

May 25, 2013

with Coaches Rick Dominique and Michael Collins

Corinthian Yacht Club of Cape May will be hosting a Laser and Opti Performance Clinic, the proceeds of which will provide Junior Sailing Program Summer Scholarships to community sailors.

This is a terrific opportunity for Laser and Opti sailors to take their sailing to the next level. Enrollment is limited to 20 (10 in each class) to ensure personal attention to every participant.

THE COACHES:

- ***Rick Dominique***, Director of Varsity Programs at the U.S. Merchant Marine Academy, Kings Point, NY, has 30 years' experience racing Lasers at nearly every competitive level including two U.S. Olympic Trials as well as 17 years of coaching experience, specializing in Laser racing. Rick has coached collegiate Laser sailors Chris Branning to 2nd & 3rd places at the ICSA Singlehanded Nationals and David Wright, Canada's Laser Class representative at the 2012 London Olympics.
- ***Michael Collins***, Head Intercollegiate Sailing Coach at the United States Merchant Marine Academy at Kings Point, NY, began sailing in Optimists at Wet Pants Sailing Association and Bellport Bay Optimist Team on Great South Bay, Long Island and rose to become a top-ranked Optimist sailor before aging out of the class. Michael moved into the 420 and Sunfish classes, where he finished as the 1st place Junior and 14th overall at the 2003 Sunfish World Championship. Michael was Captain of the nationally top-ranked Old Dominion University Sailing Team his senior year and graduated in 2008 from Old Dominion University with a B.S. in Sports Management.

THE PROGRAM:

The goal of this clinic is to improve advanced racing skills. The program will combine onshore chalk talks with on-the-water drills and short races.

THE INFORMATION:

- Clinic fee is \$150 includes coaching, light breakfast and lunch, t-shirt and water bottle. The clinic will begin promptly at 9 am and finish at 5 pm.
- To register, email interest to aml@vccfo.com, complete the attached forms and mail along with payment to address on bottom of Registration form, **no later than May 7.**

THE PARTICIPANTS:

- All participants must bring their boat, a US Coast Guard approved life jacket with safety whistle attached and all waivers signed by applicant, or if under 18, parent or legal guardian.

For more information, contact Annmarie Long at aml@vccfo.com or 302.562.9529.



2013 Corinthian Yacht Club of Cape May Laser and Opti Clinic

Registration Form

(Must be received by May 7, 2013)

Name: _____ Age _____

Address: _____

Phone (with area code): _____

T-Shirt Size: ___ Youth Large or Adult ___ Small ___ Medium ___ Large

Participating in: ___ Opti (minimum age, 10)

___ Laser Full Rig ___ Laser Radial (minimum age, 14)

Years of Sailing Experience _____

Please briefly describe the best event you have participated in:

Event will run rain or shine. No refunds can be given for inclement weather or cancellation after 7 May.
Release form will be needed for each sailor participating prior to start of the event.

Please mail registration form, payment and signed release forms to:

Annamarie Long
242 Peoples Way
Hockessin, DE 19707



LAST NAME

Corinthian Yacht Club of Cape May

RELEASE AND COVENANT

Under the age of 18: I, _____, being the parent or guardian of _____, who is a minor and who is applying for admission to the sailing instructional program of the Corinthian Yacht Club of Cape May, give my approval for my child to participate in the sailing event organized by the Club,

Over the Age of 18: I, _____, who is applying for admission to the sailing instructional program of the Corinthian Yacht Club of Cape May,

assume all risks and hazards associated with *my child's/my* participation in these activities, and do hereby RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS the Corinthian Yacht Club of Cape May, its officers, directors, agents and employees, any person or organization who provides facilities, the officials, employees and volunteer helpers, including but not limited to the instructors, their assistants, organizers and volunteer helpers, from all liability by reason of any injury to any person or any damage to any property in connection with activities in which *my child/I* may participate.

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN or APPLICANT IF OVER THE AGE OF 18

CONSENT FOR MEDICAL TREATMENT

I, the undersigned *parent or legal guardian of the applicant/applicant if over the age of 18*, do hereby give my permission for emergency medical care to *my child named above/myself if over the age of 18*, by any licensed physician or dentist. The medical care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the applicant.

INSURANCE

All participants are **strongly** encouraged to be covered by a personal or family medical plan including hospitalization, before they participate in this program.

I certify that *my child/myself* is covered by such a plan.
Carrier _____
ID # _____ group # _____

My child/myself is not covered by such a plan. I personally assume any and all liability for my child/myself.

SAILOR'S NAME: _____ DATE OF BIRTH: _____ GENDER: Male Female

PARENT / GUARDIAN (if under the age of 18): _____

LOCAL ADDRESS: _____

LOCAL HOME PHONE: _____ WORK: _____ CELL: _____

WHO SHOULD WE CONTACT LOCALLY IN AN EMERGENCY IF YOU CANNOT BE REACHED DIRECTLY?

EMERGENCY CONTACT #1: _____ RELATIONSHIP TO SAILOR: _____

HOME#: _____ WORK#: _____ CELL#: _____

EMERGENCY CONTACT #2 _____ RELATIONSHIP TO SAILOR _____

HOME# _____ WORK# _____ CELL# _____

PLEASE LIST ANY MEDICAL CONDITONS OR ALLERGIES APPLICANT HAS:

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN or APPLICANT IF OVER THE AGE OF 18

CONSENT FOR PHOTOGRAGHS TO BE DISPLAYED

I, the undersigned parent or legal guardian of the applicant (*if applicable*), do hereby give my permission for *child named above/myself if over the age of 18* to be photographed while participating in the CYCCM Sailing Program and any related activities with the understanding that these photos may be displayed and/or published for public viewing.

DATE: _____  _____
SIGNATURE OF PARENT / GUARDIAN or APPLICANT IF OVER THE AGE OF 18