

GLSS 2012 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	Jun 18 – Aug 6(No Class Jul 9)	KP1	\$275	\$250

Pram Intro (ages: 7-11) Beginning / Intermediate Sailing Spring Discount

Camp:	Dates:	Times:	Days:	Class Code:	Cost:	Ends April 25:
1	Jun 18-22	9am-3pm	Mon - Fri	PC1	\$375	\$360
2	Jun 25-29	9am-3pm	Mon - Fri	PC2	\$405	\$390
3	Jul 2-6	9am-4pm	Mon - Fri	PC3	\$435	\$420
4	Jul 16-20	9am-4pm	Mon - Fri	PC4	\$435	\$420
5	Jul 23- Jul 27	9am-3pm	Mon - Fri	PC5	\$435	\$420
6	Jul 30-Aug 3	9am-3pm	Mon - Fri	PC6	\$435	\$420
7	Aug 6-10	9am-3pm	Mon - Fri	PC7	\$405	\$390
8	Aug 13-17	9am-3pm	Mon - Fri	PC8	\$375	\$360
9	Aug 20-24	9am-3pm	Mon - Fri	PC9	\$375	\$360

420 Intro (ages: 12-18) Beginning / Intermediate Sailing Spring Discount

Camp:	Dates:	Times:	Days:	Class Code:	Cost:	Ends April 25:
1	Jun 18-22	9am-3pm	Mon – Fri	FC1	\$375	\$360
2	Jun 25-29	9am-3pm	Mon – Fri	FC2	\$405	\$390
3	Jul 2-6	9am-4pm	Mon – Fri	FC3	\$435	\$420
4	Jul 16-20	9am-3pm	Mon – Fri	FC4	\$435	\$420
5	Jul 23- Jul 27	9am-3pm	Mon – Fri	FC5	\$435	\$420
6	Jul 30-Aug 3	9am-3pm	Mon – Fri	FC6	\$435	\$420
7	Aug 6-10	9am-3pm	Mon – Fri	FC7	\$405	\$390
8	Aug 13-17	9am-3pm	Mon – Fri	FC8	\$375	\$360
9	Aug 20-24	9am-3pm	Mon – Fri	FC9	\$375	\$360

Youth Reachers (ages: 8-12) Intermediate Sailing Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 18 - 29	9am -Noon	Mon – Fri	YRC1	\$435	\$420
2	Jul 2 -Jul 20*	9am -Noon	Mon – Fri	YRC2	\$450	\$435
3	Jul 23-Aug 3	9am -Noon	Mon – Fri	YRC3	\$450	\$435
4	Aug 6-15	9am -Noon	Mon – Fri	YRC4	\$375	\$350

* No Classes the Week of July 9th - 13th

Opti Learn-to-Race Intermediate Sailing (ages: 8-15) *Need to own or Charter a boat* Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 11 - Jul 5	1-4pm	Mon – Thur	OLR1	\$500	\$475
2	July 16 – Aug 9	1-4pm	Mon – Thur	OLR2	\$500	\$475

Both Sessions \$950 *Both \$900*

Reachers (ages 12-18) Intermediate/Advanced Sailing Spring Discount

Camp:	Dates:	Time:	Days:	Class Code:	Cost:	Ends April 25
1	Jun 18 - 29	1-4pm	Mon – Fri	RC1	\$435	\$420
2	Jul 2 -Jul 20*	1-4pm	Mon – Fri	RC2	\$450	\$435
3	Jul 23-Aug 3	1-4pm	Mon – Fri	RC3	\$450	\$435
4	Aug 6-15	1-4pm	Mon – Fri	RC4	\$375	\$350

Advanced Racing Teams Advanced Sailing must have completed Learn to Race Course Spring Discount

Fleet:	Ages:	Dates:	Time:	Days:	Class:	Cost:	Ends April 25
Opti Racing	9-15	June 11-Aug 5	1-4pm	Mon – Thur	ORT	\$950	\$900
X-Boat Helm	11-16	June 11-Aug 4	8:30am-Noon	Mon – Fri	XRT	\$950	\$900
X-Boat Crew	8-16	June 11-Aug 4	8:30am-Noon	Mon – Fri	XCRT	\$375	\$350
420 Racing	14-25	June 14-Aug 9	5:30-8 PM Thursday and Sunday		420C	\$200	\$190

NOTE: All X and Opti Races Require LGYC Membership.

You can also register online at www.glss.org.

2012 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 20-24</i>	<i>\$395</i>
<input type="checkbox"/> "I would like to include a tax-deductible donation to the GLSS."								Donation Amount:
Total Amount Due:								

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.

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