

Grosse Ile Yacht Club Community Sailing

Is proud to host the 2007

C420

Junior Training Clinic

May 26-27, 2007

At Grosse Ile Yacht Club

- This will be an intense two-day clinic that will focus on preparing ILYA and DRYA junior sailors for the upcoming summer race season. It will be a fast paced, drill intensive clinic, with emphasis on boat preparation/setup, boat speed, starts, mark roundings, tactics and rules.
- We will employ multiple drills endorsed by the US Sailing Team each day to work on various skills, including the use of on the water video. At the conclusion of each session, a two-three race mini regatta will be run, followed by an on shore debriefing, where clinic participants will be able to view the day's video and receive analysis of their performance.
- Due to the nature of the training experience, and to enhance the training environment, the clinic is a limited attendance event. We will accept the first 15 boats registered. Additional registrants will be put on a waiting list.
- Lunch will be provided each day (either on the water or on shore), and a DVD will be provided at the conclusion of the clinic to each participant of the video that is taken during the clinic.

- The clinic will be run by the coaching staff of the GIYC Junior Race Team, with the potential for guest coaches to also participate.
- Participants will be required to provide their own C420 (make sure to bring a spinnaker, as some drills and races will require a spinnaker).
- Cost for each participant is \$35.
- Limited housing is available on a first come/first served basis. If you will require overnight housing, please let us know as soon as possible.
- For additional information, or to reserve housing, please contact Matt Dubois at 734-671-1786 (msdubois@sbcglobal.net). To register, please return the entry form and fees to the address listed.

Clinic Schedule

Saturday, May 26

- 8:30 - 9:30 - Registration and boat set up
- 9:30 - 10:30 - Rigging and tuning session, followed by boat launching
- 10:30 - 12:00 - Boat speed drills
- 12:00 - 1:00 - Lunch
- 1:00 - 2:30 - Starting drills
- 2:30 - 4:30 - Races, followed by boat de-rigging
- 4:30 - 5:30 - Debrief with video analysis

Sunday, May 27th

- 9:00 - 10:00 - Boat rigging, tuning and launching
- 10:00 - 12:00 - Mark rounding drills
- 12:00 - 1:00 - Lunch
- 1:00 - 2:30 - More drills on boat speed, boat handling, mark roundings
- 2:00 - 4:00 - Races, followed by boat de-rigging
- 4:00 - 5:00 - debriefing with video analysis
- 5:00 - Clinic ends

* Schedule times and program are subject to change based on weather conditions and number and skill level of participants enrolled

GIYC Community Sailing Program **Medical and Emergency Treatment Form**

(This form must be filled out completely and turned in before the clinic participant may go out on the water.)

NAME _____ DATE OF BIRTH _____

PARENTS NAMES _____

HOME ADDRESS _____

EMERGENCY PHONE # _____ Street _____ City _____ State _____ Zip _____
(H) _____ (W) _____ (C) _____

PARTICIPANT HEALTH QUESTIONNAIRE

PHYSICAL HANDICAPS (Please specify injured body parts, weakness, eyeglasses, contacts, hearing aids, etc.) _____

Please check (x) those that apply: (Provide necessary details for instructors on reverse side of this sheet.)

| CHRONIC AILMENTS | ALLERGIES |
|--|------------------------|
| ASTHMA, OR OTHER RESPIRATORY PROBLEMS | MEDICATION |
| DIABETES OR HYPOGLYCEMIA | BEE STING/INSECT BITE |
| HEMOPHILIA, OR OTHER BLEEDING PROBLEMS | FOODS |
| CIRCULATORY OR HEART PROBLEMS | OTHERS, IF SIGNIFICANT |
| EPILEPSY | |

DATE OF LAST TETANUS SHOT _____ CURRENT MEDICATIONS _____

| HEALTH INSURANCE CARRIER | INSURANCE ID NUMBERS |
|--------------------------|----------------------|
| | |

IN CASE OF EMERGENCY CALL:

| NAME | RELATIONSHIP | PHONE NUMBER |
|------|--------------|--------------|
| | | |
| | | |
| | | |

NAMES OF OTHER PEOPLE YOUR CHILD MAY BE RELEASED TO:

| | |
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I, the undersigned, do hereby authorize and consent for any member of the GIYC community sailing program including coaches or board members to secure emergency medical treatment and/or emergency surgical treatment by any medical staff of any hospital holding a current operating certificate issued by the State Department of Health for the above named minor child. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned medical staff person in the exercise of his best judgement 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 will not be withheld if the undersigned cannot be reached.

| SIGNATURE OF PARENT OR GUARDIAN | DATE |
|---------------------------------|------|
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