

SCYYRA Winter Advanced Training Clinic

December 3 - 4, 2005

US Sailing Center – Long Beach, CA

5489 East Ocean Blvd.

Long Beach, CA 90803-4405

562-433-7939 Phone

562-433-3668 Fax

www.ussclb.org or mikesego@ussclb.org

Boats: C420, CFJ, Lasers / Radials.

Likely Coaches to include: Mikee Anderson, Dalton Bergan, Robbie Dean, Adam Deermount, Zack Maxam, Jon Rogers, Peter Wells, Bill Uniack & others.

Who's eligible: Members of the 2005 and 2006 SCYYRA Sailing Team, experienced participants in the SCYYRA Shadden, Ullman, Frost, and Perry Series' as well as other SoCal high school sailors that have been involved in serious 420, CFJ, Laser or Laser Radial campaigns. This is an advanced clinic and we will be accepting applications based on age (should be at least in the 8th grade), experience and skill level. If you are unsure of your eligibility, please prepare a sailing resume (2005 only) and a two sentence description of your current training and 2006 goals, please forward this to Mike Segerblom by November 10, 2005.

Tentative Schedule

Saturday, December 3

9 -10:00 Cont. Breakfast, Rigging, Registration
10 -12:00 Shore: Boat Setup, Rig Tuning, Boat Prep.
12 -1:00 Lunch and Launch Boats
1 - 5:00 On the Water
5 - 6:00 De-brief the day's sail
6 - 9:00 Dinner and Evening Presentation

Sunday December 4

9 -10:00 Cont. Breakfast, Boat Rigging
10 -12:00 Shore: "Building a Successful
Training Program"
12 -1:00 Lunch and Launch Boats
1 - 4:00 On the Water
4 - 5:00 Retrieve Boats and De-brief
5:00 Clinic Over

Clinic Fee: \$100.00 per person. Includes: Continental breakfast and lunch both days, dinner Saturday evening, top level coaching, safety boats, video, facilities, etc.

Charter Boats: Limited numbers of CFJ's, C420's and a very limited number of Laser/Radials may be available for charter. Hull and spars (Boards and lines included for CFJ/C420's) are \$150 for the clinic. Sails (plus boards and lines for Laser/Radial) are \$100 extra. Contact Mike Segerblom separately, well in advance to arrange charter boats.

Housing: Limited housing is available on boats at the US Sailing Center on a first reserved basis. All other arrangements will need to be made independently. A group rate at the Sea Port Marina Hotel can be secured if adequate demand arises. www.seaportmarinahotel.com

RSVP and Reservations: The size of this clinic will be limited in each class. Eligible participants may reserve a spot by completing the attached forms (Registration & Release) and returning them with payment to the US Sailing Center – Long Beach, CA. as soon as possible.

Forms and payment must be postmarked or faxed no later than November 28, 2005.

Student Information

How will you get to the US Sailing Center (with whom)? _____

Do you need a bunk on a boat for Saturday night ? Y N

If not where will you stay? _____

What is your sailing background? (Please be brief)
(ie. experience, types of boats sailed, major regattas sailed, best finish positions, awards, etc.)

What are your goals in the sport of sailing?

By signing this form I agree to abide by all rules and regulations of the U.S. Sailing Center. I understand that while at the Sailing Center and during this clinic I must obey the instructions of the Sailing Center Staff and Coaches. I agree to wear a lifejacket at all times while on the water and I attest to my ability to swim 50 meters and tread water for 5 minutes in Pacific Ocean Waters.

Student Signature _____ Date _____



United States Sailing Center Long Beach, California

5489 East Ocean Boulevard, Long Beach, CA 90803
Tel.: (562) 433-7939 ♦ Fax: (562) 433-3668
www.ussclb.org

AGREEMENT AND RELEASE FROM LIABILITY

1. VOLUNTARY PARTICIPATION

I acknowledge that I have voluntarily agreed to participate in an event at the Pacific Coast Sailing Foundation facility involving the use of a sailboat and/or a powerboat.

2. ASSUMPTION OF RISK

I AM AWARE THAT MOVING, LAUNCHING, HOISTING, LOWERING, SKIPPERING, CREWING OR BEING A PASSENGER ABOARD A SAILBOAT OR A POWERBOAT AT THE US SAILING CENTER – LONG BEACH, CA AND IN THE WATERS OF ALAMITOS BAY OR THE PACIFIC OCEAN IN THE LONG BEACH AREA ARE HAZARDOUS ACTIVITIES. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED. I AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE: _____

3. RELEASE

As consideration for being permitted by Pacific Coast Sailing Foundation (PCSF) to participate in this activity and to use its facility and equipment furnished by PCSF or others, I agree that my heirs, assigns, distributees, guardians and representatives and I release PCSF and the City of Long Beach (the City) and all of their affiliated organizations and their officers, directors, employees, members and volunteers (collectively, the Releasees) from all actions, claims or demands that I, my heirs, assigns, distributees, guardians and representatives now have or may hereafter have for injury, death or damage resulting from my participation in this activity. I, my heirs, assigns, distributees, guardians and representatives will not make any claims against or sue the Releasees or any of them for injury, death or damage resulting from the negligence or other acts, howsoever caused by any employee, agent or contractor of PCSF, the City or any of their affiliated organizations as a result of my participation in this activity.

4. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN PCSF, THE CITY AND THEIR AFFILIATED ORGANIZATIONS, AND MYSELF. I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL.

Dated: _____

Signature

Printed Name

Address

(Over)

DECLARATION OF WITNESS

I certify that _____ acknowledged in my presence that he/she has read and fully understands the meaning and consequences of the foregoing release, and has signed it in my presence.

Dated: _____

Signature

Printed Name

Address

AGREEMENT AND RELEASE OF PARENT OR GUARDIAN (In the event the participant is not 18 years old or older)

I am the parent or legal guardian of _____

I request that my child be permitted to participate in the manner described above. In consideration of such permission being granted, I agree to all of the terms and conditions of the preceding page.

Dated: _____

Signature

Printed Name

Address