

# King Harbor Youth Foundation 2010 Summer Sailing Program

## Who organizes and manages the Summer Sailing Program?

The program is organized and managed by the King Harbor Youth Foundation (KHYF): A non-profit public benefit corporation with its main function to promote public instruction and training of children and teenagers in the sport of sailing.

## Where is the program held?

Classes will be held in the classroom and on the water. The King Harbor Yacht Club (KHYC) offers the KHYF use of its outside facilities for a classroom and the boats will be sailed inside the break wall of King Harbor Marina.

## Who can attend?

The program is open to any youth interested in learning how to sail and can pass a basic swim test. For a beginner to attend, it is recommended that the child be at least eight years of age and older.

## What type of classes are taught?

**Beginner, Intermediate, and Advanced** classes are taught for four different sessions. Each session lasts two weeks with instruction two hours per day for a total of twenty hours.

**Beg.: 9:00 – 11:00 AM, Int.: 12:00 – 2:00 PM, Adv.: 2:30 – 4:30 PM**

**Continuing Session: Beg./Int./Adv.** After a student completes a two-week session, they can come back for a weekly session of their choice during the remainder of the season for further instruction and to hone their skills.

**Race Clinic Class:** is designed for the more advanced student who has a strong desire to race. Classes are in weekly sessions with a pre-determined topic so students may choose which area they would like to concentrate. Race Clinic Classes for Level 1 are held 1:30 to 5:00, and Level 2 are held 1:00 to 5:00pm.

## What does the program cost?

Fees range from \$270 -300 for a two week session, and \$135-150 for 'continuing' weekly sessions. See application for the fees of the session of your choice. There is a annual one time \$40 sign-up fee (non-refundable) per student, to help with administration costs. One application per student.

The weekly session cost includes:

- US Sailing Certified Instructors.
- Boats to be used in class (Sabots/Lasers/Flying Juniors/Martin 242's).
- A T-shirt on the first day of class (one per season).
- A recognition gift to be distributed at the Awards Dinner – all students are encouraged to attend. Parents/Guardians/Grandparents are welcome to attend the Awards Dinner.

There is a supervised FREE sail time each day from 11:00 – 12:00 where any student enrolled in a class is encouraged to use as practice time or just to have fun! (KHYF boats will be available).

## What do I need to bring?

1. Students should bring or wear tennis or boat shoes, appropriate clothing for sailing that could get wet, a change of clothes and a **Coast Guard approved life jacket** with his/her name on it.
2. A bathing suit and towel are required for the first day of class for a swim test (swim 25 yards and tread water for 3 minutes).

## Refund Policy

Full registration is refunded ONLY when a cancellation is confirmed two weeks prior to the start of the scheduled class in writing. If cancellation is made after the two-week period, we will make every effort to fill your spot to receive a refund.

For additional information please contact the KHYC office at (310) 376-2459 OR  
Casie DeCurtis – Program Director at (310) 540-3831.

## 2010 KHYF SUMMER SAIL - RACE CLINIC PROGRAM DESCRIPTION

The Race Clinic Program is designed with race team members in mind, as well as promising new sailors from the Advanced Summer Sailing classes. Students will be split into two groups: Level 1 (Sabots), and Level 2 (Lasers, Laser Radials, and CFJ's). Participation in the Race Clinic classes will be solely at the discretion of the Summer Sailing staff, and will be based on ability, involvement, attitude, and ranking.

### Level 1

Classes will be held from **1:30pm - 5:00pm**. The first half hour of every class will be designated for rigging and preparation, and students will be expected to be **READY TO SAIL @ 2:00pm**. Program will be spent almost entirely in sabots, emphasizing advanced boat-handling, boat-speed, and racing for sabot sailors.

### Level 2

Classes will be held from **1:00pm - 5:00pm**. The first half hour of every class will be designated for rigging and preparation, and students will be expected to be **READY TO SAIL @ 1:30pm**. Participation in the level 2 program will be at the discretion of the Coach unless a student is already an active participant in the given classes. One must weigh a minimum 120 lbs. and provide their own boat to participate in the Laser classes. Emphasis in weeks 1 and 3 will be placed strongly on, but not limited to, basic skills and training for the given class of boat. Weeks 2, 4, and 5 will build upon these skills and focus more on advanced boat-handling, boat-speed, and racing tactics.

Week	Dates	Cost (paid by 6/1)	Race Clinic Level 2	Race Clinic Level 1 (sabots)	Events
1	6/28 - 7/2	\$200 (\$170)	CFJ/Laser	Sabots	
2	7/6 - 7/9	\$160 (\$130)	CFJ/Laser	Sabots	Match Racing Champs
3	7/12 - 7/15	\$160 (\$130)	CFJ/Laser *	Sabots	Jr. Olympics
4	7/19 - 7/23	\$200 (\$170)	CFJ	Sabots	Team Racing Champs
5	7/26 - 7/29	\$160 (\$130)	CFJ - Advanced **	Sabots	CFJ Nationals
6	8/2 - 8/6	\$200 (\$170)	CFJ/Laser	Sabots	Fleet Champs
7	8/9 - 8/12	\$160 (\$130)	CFJ/Laser	Sabots	US Sabot Nationals
8	8/16 - 8/19	\$160 (\$130)	Martin 242's	Sabots	Fun Day and Awards

\* Must be Participating in Junior Olympics, CFJ Nat'l's or receive Coach's approval

\*\* Must be participating in CFJ Nationals - no Exceptions

### **KHYF Summer Sailing Program Regatta Dates (held at KHYC)**

7/8-7/9	Thur. & Fri.	Match Race Championships
7/23	Friday	Team Racing Championships
8/6	Friday	Fleet Racing Championships

# 2010 KHYF YOUTH SUMMER SAILING APPLICATION

(Race clinic applicants see reverse side)

Student Name: \_\_\_\_\_ (One Student Per Application) Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>TWO WEEK SESSIONS</b>												
Please <b>CIRCLE</b> the desired session(s), <b>CHECK</b> child's ability level, and <b>INSERT</b> the amount due for each session.												
Session # -	1			2			3			4		
2 Wk Period -	6/28 - 7/9			7/12 - 7/23			7/26 - 8/6			8/9 - 8/20		
Total Classes -	9			10			9			Beg. & Int. 10 / Adv. 9		
Session Cost -	\$270			\$300			\$270			\$300 / \$270		
Check Level →	Beg.	Int.	Adv.	Beg.	Int.	Adv.	Beg.	Int.	Adv.	Beg.	Int.	Adv.
Insert Amt. Due →	+			+			+			+		

**TWO WEEK  
SESSION(S)  
SUBTOTAL**

Fun Day- Wed. 8/18; Awards- Fri. 8/20 (5:30 - 7:30)  
Fun Day for all students from all sessions.

<b>CONTINUING SESSIONS</b>																					
Please <b>CIRCLE</b> the desired session(s), <b>CHECK</b> child's ability level, and <b>INSERT</b> the amount due for each week.																					
Single Week Period -	7/6-7/9			7/12-7/16			7/19-7/23			7/26-7/29			8/2-8/6			8/9-8/13			8/16-8/20		
Total Classes -	4			5			5			4			5			5			Be&In 5/Ad 4		
Weekly Session Cost -	\$135			\$150			\$150			\$135			\$135			\$150			\$150/\$135		
Check Level →	Beg	Int	Adv	Beg	Int	Adv	Beg	Int	Adv	Beg	Int	Adv	Beg	Int	Adv	Beg	Int	Adv	Beg	Int	Adv
Insert Amt. Due →	+			+			+			+			+			+			+		

**CONTINUING  
SESSION(S)  
SUBTOTAL**

Subtotal for selected session(s) &/or week(s): =

Beg. Int. Adv. - No Classes on Friday for the Following			
Short Wk Session #/wk	NO CLASS Day / Date	Class	Event
1 - 2nd wk	Mon. 7/5	All	July 4th, Holiday
3 - 1st wk	Fri. 7/30	All	SB to KH Race
4 - 2nd wk	Fri. 8/20	Adv.	Awards Dinner

Extra T-Shirt(s) @ \$12 ea:  
Indicate T-shirt size: Adult XL \_\_\_ L \_\_\_ M \_\_\_ S \_\_\_ +  
Annual administration cost:  
Required per student (non-refundable) **+ \$40.00**  
Total amount due: =

Make check payable to **King Harbor Youth Foundation**  
To secure session(s) &/or week(s) noted above - forward full payment w/ this form.

<b>Safety Prerequisite:</b>	I certify that the applicant can swim 25 yards and tread water for 3 minutes, <b>AND</b> I will provide a Coast Guard approved life jacket.
<b>Refund Policy:</b>	I understand that session costs are refunded only when a cancellation is confirmed two weeks prior to the start of the scheduled class.
_____ Parent or Guardian Signature	

EMERGENCY INFORMATION: In case of emergency, CONTACT:

<b>NAME:</b> _____	<b>RELATIONSHIP:</b> _____									
<b>STREET:</b> _____	PHONE: <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; text-align: center;">Home</td> <td style="width: 40px;">( )</td> <td style="width: 20px;">-</td> </tr> <tr> <td style="text-align: center;">Work</td> <td>( )</td> <td>-</td> </tr> <tr> <td style="text-align: center;">Cell</td> <td>( )</td> <td>-</td> </tr> </table>	Home	( )	-	Work	( )	-	Cell	( )	-
Home	( )	-								
Work	( )	-								
Cell	( )	-								
<b>CITY:</b> _____	(Check primary emergency number)									

Send Application to: **King Harbor Youth Foundation**  
Youth Summer Sailing  
280 Yacht Club Way  
Redondo Beach, CA 90277

## 2010 KHYF SUMMER SAIL - RACE CLINIC APPLICATION

Student Name: \_\_\_\_\_  
 (One student per application) Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>Single Week Session Race Clinics</b>									
Please <b>CIRCLE</b> the desired period(s), <b>CHECK</b> child's ability level, and <b>INSERT</b> the amount due for each week.									
Session Period	6/28-7/2	7/6-7/9	7/12-7/15	7/19-7/23	7/26-7/29	8/2-8/6	8/9-8/12	8/16-8/19	
Total Classes	5	4	4	5	4	5	4	4	
Session Cost	\$200	\$160	\$160	\$200	\$160	\$200	\$160	\$160	
Early Payment Cost (Paid by 6/1)	\$170	\$130	\$130	\$170	\$130	\$170	\$130	\$130	<b>SESSION(S) SUBTOTAL</b>
Insert Amt. Due	+	+	+	+	+	+	+	+	+
Subtotal for selected session(s) &/or week(s):									=
Extra T-Shirt(s) @ \$12 ea:									
Indicate T-shirt size: Adult XL L M S									+
Annual one time administration cost: Required per student (non-refundable)									<b>\$40.00</b>
Total amount due:									=

RACE CLINIC - No classes on <u>Friday</u> for the following				
Short Wk	NO CLASS Day / Date	Class	Event	Host Club
2nd wk	Mon. 7/5	All	July 4th, Holiday	n/a
3rd wk	Fri. 7/16	Race	Jr. Olympics	SBYC
6th wk	Fri. 7/30	Race	CFJ Nationals	ABYC
6th wk	Fri. 7/30	Race	SB to KH Race	KHYC
7th wk	Fri. 8/13	Race	Sabot Nationals	DRYC
8th wk	Fri. 8/20	Race	Awards Dinner	KHYC

Make check payable to **King Harbor Youth Foundation**  
 To secure week(s) noted above - forward full payment w/ this form.

**Pro-rated weeks/classes will no longer be offered.**

<b>Safety Prerequisite:</b>	I certify that the applicant can swim 25 yards and tread water for 3 minutes, <b>AND</b> I will provide a Coast Guard approved life jacket.
<b>Refund Policy:</b>	I understand that session costs are refunded only when a cancellation is confirmed two weeks prior to the start of scheduled class.
_____ Parent or Guardian Signature	

EMERGENCY INFORMATION: In case of emergency, CONTACT:

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<b>CITY:</b> _____	(Check primary emergency number)												

Send Application to: **King Harbor Youth Foundation**  
 Youth Summer Sailing  
 280 Yacht Club Way  
 Redondo Beach, CA 90277



# KING HARBOR YOUTH FOUNDATION

280 Yacht Club Way, Redondo Beach, California 90277

## WAIVER AND RELEASE OF LIABILITY AGREEMENT YOUTH SAILING PARTICIPANT

### 1. VOLUNTARY PARTICIPATION

I, \_\_\_\_\_, am the parent or guardian of minor \_\_\_\_\_ . By signing this Waiver and Release of Liability Agreement, I am acknowledging that I, or my child (collectively referred to as “I” or “my” or “me”) have voluntarily chosen to participate in on-the-water, in-the-water and shore-side activities at the King Harbor Yacht Club and related environs, King Harbor Marina and Santa Monica Bay (collectively referred to as “the Facilities”) including, but not limited to, the use of sail or power boats and/or kayaks and related equipment, swimming and, if applicable, travel to regattas (collectively referred to as the “Sport”).

### 2. ASSUMPTION OF RISK

I AM AWARE THAT THE SPORT, INCLUDING LAUNCHING, RETRIEVING, TRAILERING AND RIGGING, IS A HAZARDOUS ACTIVITY, WHICH HAS INHERENT RISKS OF INJURY, DEATH OR DAMAGE TO PROPERTY. RISKS INCLUDE, BUT ARE NOT LIMITED TO, INJURY, DEATH, OR DAMAGE TO PROPERTY RESULTING FROM THE ACTION OR INACTION OF MYSELF, OTHER PEOPLE, VARIATIONS IN WEATHER AND SEA CONDITIONS, EQUIPMENT MISUSE OR FAILURE, NATURAL OR MANMADE CONDITIONS, OR PERSONAL HEALTH ISSUES OF MYSELF OR OTHERS. **DESPITE THE RISKS INVOLVED AND IN CONSIDERATION OF THE RIGHT TO PARTICIPATE IN THE SPORT, I FULLY AND VOLUNTARILY ACCEPT ANY AND ALL RISKS OF INJURY, DEATH, OR DAMAGE TO PROPERTY THAT MIGHT BE ASSOCIATED WITH MY PARTICIPATION IN THE SPORT OR USE OF THE FACILITIES EVEN IF INJURIES, DEATH OR DAMAGE TO PROPERTY OCCUR IN A MANNER THAT IS NOT FORESEEABLE AT THE TIME I SIGN THIS AGREEMENT.**

I VERIFY THAT I HAVE READ AND VOLUNTARILY ASSUME THE RISKS PRESENTED TO ME BY THE SPORT BY PLACING MY INITIALS HERE: \_\_\_\_\_

### 3. RELEASE AND AGREEMENT NOT TO SUE

As consideration for being permitted to participate in the Sport and use of the Facilities, **I AGREE TO RELEASE FROM ANY LEGAL LIABILITY, INDEMNIFY, DEFEND AND HOLD HARMLESS** the King Harbor Youth Foundation (KHYP) and the King Harbor Yacht Club (KHYC) and each of their affiliated organizations, their officers, directors, employees, land and/or property owners, members, visitors and volunteers (collectively, the Releasees) from any and all causes of action, claims or demands whatsoever that any third party, I, any of my heirs, assigns, agents, distributees, guardians and representatives now have or may hereafter have for injury, death or damage relating to my participation in the Sport. By signing this Waiver and Release, I intend to discharge in advance the Releasees from and against any and all liability arising out of or connected in any way with my participation in the Sport. Further, **I, MY HEIRS, ASSIGNS, AGENTS, DISTRIBUTEES, GUARDIANS AND REPRESENTATIVES AGREE NEVER TO MAKE ANY CLAIMS AGAINST OR TO SUE** the Releasees or any of them for injury, death or damage resulting from my participation in the Sport or use of the Facilities, regardless of cause and howsoever caused. This provision shall apply even if the Releasees have contributed to injuries, death or damage through their individual or collective negligence or misconduct. This agreement is binding on my heirs, assigns, agents, distributees,

guardians and representatives. In the event I file or my child or my legal representative files a claim or lawsuit arising out of participation in the Sport or use of the Facilities, **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS** the Releasees for any damages, attorney's fees, costs or judgments related to such claim or lawsuit.

**4. REVOCATION AND SEVERABILITY**

This Waiver and Release of Liability Agreement shall remain in effect until I revoke it in a writing that is delivered to KHYP at the address which appears above and will apply whenever I participate in the Sport or use the Facilities. If any provision or any part of a provision of this Waiver and Release of Liability is held invalid or unenforceable by any court of competent jurisdiction, I understand that the other provisions of this Waiver and Release of Liability Agreement will be valid and enforceable.

**5. CONSENT**

I hereby grant KHYP the right to use my picture and image in materials prepared by KHYP for the promotion of its sailing program. This consent is not given with respect to the promotion and advertising of any commercial product or service.

**6. KNOWING AND VOLUNTARY SIGNING OF THIS DOCUMENT**

I HAVE CAREFULLY READ THIS AGREEMENT IN ITS ENTIRETY AND FULLY UNDERSTAND ITS CONTENT. I AM SIGNING THIS DOCUMENT WILLINGLY AND WITH FULL KNOWLEDGE OF ITS LEGAL EFFECTS AND AGREE THAT IT IS BINDING UPON ME, MY CHILD, MY HEIRS, ASSIGNS AND LEGAL REPRESENTATIVES.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

**MEDICAL HISTORY**

Please list any medications that your child is currently taking:

\_\_\_\_\_

Please list any allergies or other medical conditions that your child has or may experience while at Summer Sailing, including asthma, any allergies to medications, bee or other insect stings or food:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medical or emotional issues that your child may have which would be important for the Summer Sailing staff to know: \_\_\_\_\_

Child's Physician's Name, Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

Child's Health Insurance Carrier and Group Number: \_\_\_\_\_

Child's Dentist's Name, Address and Phone Number: \_\_\_\_\_