



St Patrick's Catholic High School Sailing Team Handbook



Program Goals:

The primary goals of the Sailing Team (in no particular order):

1. Develop sportsmanship, integrity, and interpersonal skills
2. Instill in the students an interest and appreciation for the sport of sailing
3. Develop new skills in boat handling and sailing for those who wish to compete
4. Develop a respect for the sea and the environment
5. Learn and incorporate good safety and seamanship
6. Instill a sense of responsibility for the boats and equipment
7. Create a fun atmosphere in which the students want to participate

Expectations for all Students on the St Patrick's Sailing Team:

GYC has developed the following behavioral rules and guidelines to help ensure a safe, rewarding, and fun learning environment. It is important that both you and your child review these rules and guidelines. Appropriate behavior is expected at all times.

- Practice start promptly at 4:00pm. Ends based on season
- **Lifejackets will be worn at all times when students are on the docks or in boats.**
- Safety is first and foremost in the minds of the Coaches
- Students are expected to obey the Coaches at all times
- All students must take a short swim check the first day of class that consists of treading water for 2 minutes, and then swimming 100 yards
- Must be able to recover capsized boat.
- Observe the boundaries, both on the water and on shore, as established by the coaches
- No running on the docks, no climbing on the boat racks, or the rocks along the shore.
- No going under or around the pool deck.
- Students will pick-up their own trash, and are expected to keep their belongings in a neat and orderly fashion
- Students will show respect for the equipment and property
- Students will show respect for their peers, the instructors and other individuals
- No physical violence towards other students or staff
- No obscene language!
- Absolutely no throwing of objects allowed!

Consequences for failure to observe the above rules and guidelines vary according to the nature of the infraction, but can include loss of privileges, laps around the palm trees, and "time-out".

Any verbal or physical abuse, or if your child's behavior jeopardizes his/her own safety or that of anyone else in the program, will result in early dismissal from class with a warning to both the parent and student.

A second incident will result in the student's dismissal from the remainder of the session. There will be no refund of fees.

Following is a handy checklist of important daily "To Do's"

- Have sunblock, sunglasses, hat and other sun protection
- Adequate and appropriate clothing (including a change of dry clothes, and rainy day protection) and a towel.
- Shoes (an old pair of gym shoes that can get wet), or aqua socks are best: Sandals are not acceptable! NO FLIP FLOPS!
- Bring a Coast Guard approved Type III/vest style lifejacket with a whistle attached.

Parental Involvement:

Sailing is truly a unique sport - skills learned now can be used and enjoyed for a lifetime. Sailing challenges both the mind and body, allowing individuals with different strengths and weaknesses to "find their niche".

To help your child get the most out of the sailing program, first and foremost, parents should be involved with their children in the program. Talk with your child about what they are doing during practice. The opportunity to share newly learned skills is invaluable for several reasons:

- It reinforces the skills learned

- It increases a child's confidence and self-esteem through support and encouragement
- It provides an opportunity to find out how practices are going, so that if there are problems or issues, they can be addressed sooner, rather than later

Boats We Use:

The Sailing Team uses several different boats. Different boats “handle” differently, and certain boats lend themselves to sailors of different sizes and/or experience levels. On the first days of practice, the coaches will evaluate the skills and experience of the students, and consider factors like size and age, in determining into which group a student will be placed. In the case of returnee students, we usually already know which group the student is best suited for.

Lasers Radial Rigs are standard Laser hulls outfitted with a shorter mast and smaller sail, for youth sailors. Used by the older kids and those who have outgrown the Optimists. It is also the boat of choice for students focused on developing racing skills.

Club 420s are fast, fun sloop rigged double-handed (two sailors!) boats that are very popular in youth programs around the country. Some of the 420s are rigged with spinnakers and trapezes for use by intermediate and advanced and racing instruction

Flying Scots are stable seaworthy boats in all conditions. Usually sailed with 3-5 sailors. Being rigged with a spinnaker and having a large one-design class in the GYA the boats are great for coaching all levels. From the green beginners to the advanced racers.

All Students must turn in completed forms listed below to Sailing Coach prior to participating on the Saint Patrick's Catholic Sailing Team:

- Copy of the Sailing Team Parent Consent Form
- GYC Medical Form
- Individual Sailing Team Registration Form

For any questions call
Sailing Committee Chairman - Sam Hopkins
228-297-5850 - shopsr@bellsouth.net

GYC Sailing Director - Sam Vasquez
228-323-1336 - sam@gulfportyachtclub.org

Draft Lesson Plan

#	Topic	Drills	Homework
1	Club Rules & Rigging	Swim, Capsize, Docking	RRS 10-17
2	Basics of Sailing	Fig 8, Docking	RRS 18-23
3	Rules & Crew Work	MOB, Fig 8, whistle, rabbit	RRS 25-36
4	Racing Basics	Starts, rounding, whistle	Starting Strategies
5	Practice Races	Ghost Starts, rabbit,	Wind Shifts
6	Endurance Sail	Mark Trap, Pass Back	Team Racing Plays
7	Team Race Regatta	Family Event	Weather & Wind
8	Endurance Sail	Boat Speed & Rounding's	Sailing Fitness
9	Fun Sail	Rudder Tag, Pirate	None
10	Endurance Sail	Boat Speed	Crew Work
11	Endurance Sail	Boat Speed	Fleet Management
12	Practice Races	Ghost Starts, Mystery Mark,	Tactics
13	Practice Races	Racing	None

St. Patricks Catholic High School Sailing Team

Participation Consent Form

(One copy of this must be filled out/on file for the school year.

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Student's Full Legal Name: _____
(First Name) (MI) (Last Name)

Parent/Guardian Name: _____
(First Name) (MI) (Last Name)

Parent Consent

This student is seeking to participate on the Sailing team and place under the guidance/supervision of approved Coach/Director/Other Designated School Representative. In order for this student to participate in this event/activity, please complete, sign and return this statement of consent and release of liability. The parent/legal guardian will remain fully responsible for any legal responsibility for any personal actions taken by the named student.

We hereby give full consent for the above named student to participate in any and all required activities pertaining to the Sailing Team as a St. Patrick Catholic School student. We understand that these events/activities may take place away from church/school grounds and that the student will be under the supervision of the named chaperons on scheduled dates. We further consent to the conditions stated below including the method of transportation. We understand that by granting this permission we are agreeing to abide by all policies and rules set forth by the MHSAA, the Biloxi Catholic Diocese, St. Patrick Catholic High School, Gulfport Yacht Club, and the coach(es) of the Sailing Team. We also understand and agree that ALL decisions regarding the participation of the student in these program are made by the coach(es)/director(s) of these program.

Parent Signature _____ Date _____

Insurance/Medical Waiver

I, the above named parent/legal guardian, assume any expenses for liability not covered by the below indicated insurance coverage. I also accept full responsibility for all medical and other related expenses. I hereby waive the Gulfport Yacht Club, Catholic Diocese of Biloxi, St. Patrick Catholic High School, and their agents of assigns, of responsibility for such injury or expenses and waive any and all claims which may arise against them.

I realize that participating in organized interscholastic activities involves the potential for injury which is inherent in sports, sometimes severe enough to result in disability or death.

I understand that St. Patrick Catholic High School may provide insurance coverage for all athletes. This coverage is secondary to families that have a primary family coverage. If a family does not have a primary coverage, St. Patrick Catholic High School's insurance coverage will be considered the primary coverage. All injuries of any nature must be reported to the coach/sponsor at the time they occur. An accident report form must be completed by the coach/sponsor , parents, and the doctor of the student that is injured.

_____ I have primary accident/injury coverage with the company below and as a result the St. Patrick Catholic High School coverage will be a secondary coverage:

_____ (Company/Agent) _____ (Policy #)
_____ (Company/Agent Address)

_____ I shall participate in the St. Patrick Catholic High School insurance coverage as a primary accident/injury coverage.

_____ (Signature of Parent/Guardian) _____ (Date)

St. Patrick's Catholic High School Sailing Team

Individual Registration Form

Sailor's details and contact information: **Charter Fee of \$55 per season.**

Full Name _____

Date of Birth _____ Age _____ Grade _____

Address _____

Telephone _____

Mobile _____

E-mail _____

Emergency Contact Name _____

Home # _____ Mobile # _____

Email _____

Consent : (To be completed by parent/guardian for all participants)

1. I am pleased to allow my son/daughter to participate in the St. Patrick's Catholic high School Sailing Team training sessions, matches and all social activities associated with the St. Patrick' Catholic High School Sailing Team and Gulfport Yacht Club. I consider him/her to be physically fit and capable of full participation, but in the event that he/she should become ill or injured when I am not present, I give my permission for Gulfport Yacht Club or their appointed representatives to obtain appropriate medical treatment.

2. I give my consent for photographs and/or video footage of my son/daughter to be used for the promotion of Gulfport Yacht Club & St. Patrick's Catholic High School.

3. I have read and the Sailing Team Handout, filled out the Parent Consent Form, and filled out the GYC Medical Form.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

*****All sailors must turn this sheet Parent Consent Form, GYC Medical, and pay the Season Charter Fee of \$55 to GYC Sailing Director prior to participating in team activities.*****

Make Checks to GYC High School Sailing

MEDICAL AND EMERGENCY INFORMATION

(This sheet must be completed and brought with you to your US SAILING Training Course.)

NAME: _____ SEX ___(M) ___(F)
ADDRESS: _____
Street/P.O. Box City State Zip
TELEPHONE _____ (R) _____ (B) DATE OF BIRTH: _____

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

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

(PRIVATE) CHRONIC AILMENTS:		ALLERGIES:	
ASTHMA, OR OTHER RESPIRATORY PROBLEMS		MEDICATION	
DIABETES OR HYPOGLYCEMIA		BEE STINGS/INSECT BITES	
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS		FOODS	
CIRCULATORY OR HEART PROBLEMS		OTHERS, IF SIGNIFICANT	
EPILEPSY			

DATE OF LAST TETANUS SHOT _____ BLOOD TYPE _____
CURRENT MEDICATIONS IF ANY: _____

PHYSICIAN WHO CONDUCTED YOUR MOST RECENT PHYSICAL EXAMINATION:

NAME	PHONE NUMBER	DATE OF LAST EXAM

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

I, the undersigned, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or procedure rendered under the general or specific supervision of any member of the medical staff or of a dentist licensed under the provisions of the State Education Law and/or Public Health Law of the State and on the staff of any hospital holding a current operating certificate issued by the State Department of Health. 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 physician in the exercise of his best 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 will not be withheld if the undersigned cannot be reached.

IN CASE OF EMERGENCY CALL:

(PRIVATE) NAME	RELATIONSHIP	PHONE NUMBER

SIGNATURE OF APPLICANT: _____ DATE: _____
If over 21, Signature of Participant; If under 21, Signature of Father, Mother or Guardian