

The ADVANCED C420 RACING CLINIC

And the Sixth Annual
NATHAN COWAN MEMORIAL
LASER CLINIC

Sponsored by the Oyster Bay Sailing Foundation and JSA of LIS

Stamford Yacht Club
Saturday and Sunday June 30-July 1
9:00 AM (rigged and ready)

For over 15 years, the **JSA of LIS** and the **Oyster Bay Sailing Foundation** have sponsored the **Advanced Racing Clinic**, one of the most prestigious sailing clinics in the country. Again this year, in conjunction with *Stamford Yacht Club*, this two day clinic will be offered to advanced racing sailors.

The program consists of conditioning, interactive discussions designed to maximize your boat speed and improve your knowledge of tactics and rules, and on-the-water drills to analyze and critique technique. Several high level coaches will lead this clinic offered to advanced Laser, Laser Radial and Club 420 sailors.

For the Advanced Laser and Radial Sailor:

Danny Pletsch will lead the Laser and Radial clinic, honoring the memory of his friend, Nathan Cowan, who was killed in a car accident in 2002 on his way to the Laser Mid-winters.

Laser sailors in the clinic will benefit immensely from being taught by one of the most accomplished sailors in the US. Danny, in addition to being a 3 time Collegiate National Champ, has also been the sailing coach at SUNY Maritime for 3 years. This is a rare opportunity for JSA sailors to be given instruction by one of the best.

Assisting Danny will be **Derek Veranizen**, who is ranked in the top 8 by *US Sailing* and is the top Laser skipper on the mighty St. Mary's sailing team, sailed well at the 2007 Collegiate Championships.

For the Advanced Club 420:

We have will have some of the best coaches and college sailors in the country for the C420 group as well.

We are most fortunate to have **John Storck III** as one of our C420 clinic coaches. John is a former NCAA All American and led his underdog Hobart College Sailing team to the 2005 NCAA Sailing Team Championships. He is currently a coach for the highly ranked Dartmouth Sailing Team.

We are also very fortunate to have **Zach Brown** join us this year. Zach, who is currently captain of the top 5 ranked Yale Sailing team, is a collegiate All-American, former C420 Midwinter Champ, and won the US Sailing National Youth Championships.

Rounding out our coaching staff is JSA alumnus, **Erik Storck**. Erik was named All-American, was captain of the Dartmouth sailing team and recently finished 2nd in the Collegiate National Championships. Erik is also former winner of the Law Trophy and JSA Champs, in addition to many major national regattas.

***JSA has recruited some of the best in the country - -
this clinic promises to be two extraordinary days of learning for all.***

Registration is online only at this link

http://www.active.com/event_detail.cfm?event_id=1455037

Cost: \$110 per sailor (suggested minimum—a portion may be tax deductible)

See medical info and authorization on next page

The clinic size is limited to maintain an excellent coach-to-boat ratio, so sign up now. Participation is open on a first come first serve basis to those who have qualified for the 2007 Law Trophy or by resume only. Applicants must be at least 14 years or older to participate. You will be notified of acceptance within a day after your registration is received.

Questions? Call JSA office at 914-834-4202 or email to info@jsalis.org.

Once you complete your registration online you must fax or mail your medical information and authorization:

- If you have a 2007 JSA Waiver Agreement and Medical Authorization form already completed use that form.
- If you are not a JSA member use the form below.

Send your medical info form by fax to 914-407-1540 or by mail to JSA of LIS, 1 Woodbine Ave, Larchmont NY 10538

Your registration will not be complete until you send your medical info form.

**2007 Advanced Racing Clinic
PARTICIPANT & MEDICAL INFORMATION**

PARTICIPANT NAME _____

HOME ADDRESS _____

HOME PHONE (____) _____ FAX (____) _____ E-MAIL _____

DATE OF BIRTH _____ MALE / FEMALE _____

MOTHER'S NAME _____ FATHER'S NAME _____

MOTHER'S WORK PHONE (____) _____ HOME PHONE (____) _____ CELL PHONE (____) _____

FATHER'S WORK PHONE (____) _____ HOME PHONE (____) _____ CELL PHONE (____) _____

PHYSICIAN: _____ PHONE (____) _____ NAME OF INSURED _____

INSURANCE CO. _____ POLICY # _____ GROUP # _____

Chronic illness, medical conditions, allergies or medication being taken (Please list, or write none)

MEDICAL AUTHORIZATION

I hereby authorize an instructor from my Club or Program, or an adult who bears this document, to authorize emergency treatment for the Junior Sailor named above in the event that a parent or legal guardian cannot be reached at the above telephone numbers at the time of the emergency.

Date _____ Signature of parent or guardian _____

** EMERGENCY CONTACTS IF PARENTS CANNOT BE REACHED:

Name (____) Home Phone (____) Work Phone Relationship to Sailor

Name (____) Home Phone (____) Work Phone Relationship to Sailor