SOUTH ISLAND OPTIMIST COACHING CLINIC 2015 YMCA Wainui Camp – Akaroa 17th – 21st December

The clinic is a four-day course and will be the premier coaching clinic for Open Optimist Sailors in the South Island this summer.

Up to 30 spaces are available for financial members of NZIODA. Sailors must be able to independently rig, launch and retrieve their own fiberglass Opti and have some racing experience at Open or Green Fleet level at a recent major regatta (e.g. Picton Interislander, Canterbury Age Groups and/or Nationals).

The main aim of the clinic is to improve the skills of all participants during four days of intensive training and activities. We will have some top New Zealand coaches, performing the coaching duties.

The venue is the YMCA Wainui Park Camp on the western side of Akaroa Harbour on Banks Peninsula. N.B. It is located on the opposite side of the harbour from Akaroa Township.

Accommodation is in the lodge facility at the camp. All meals are supplied. The lodge includes a dining room, kitchen, bunk rooms, toilets, showers etc.

For more information about the lodge visit the Wainui website.

The cost is \$350.00 per sailor.

Close-off date for entry is 31st October 2015. Acceptance will be advised by mid November. Upon acceptance you will be sent more information and a programme for the clinic.

All registrations must be emailed to Rebecca Baynes at sioptimistclinic@gmail.com

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Accommodation and Meals

The clinic will operate on a live-in basis for four nights. Participants will be accommodated in bunk-rooms and will need to supply their own adequate sleeping gear (sleeping bag, pillow, blankets, etc). All meals will be provided however please supply your own drink bottle and snacks.

Boats and Gear

As well as your own Optimist and beach trolley, we suggest bringing an extensive supply of spare parts; just the same as you would if you were attending a large, 4-day regatta. Full sailing gear, including hats & buoyancy aids, along with ample warm clothing and suitable footwear will also need to be supplied by you. As sailors will spend many hours afloat, consideration must be given to protective clothing for arms and legs (as well as faces). We suggest long thermals or rash suits. Please bring plenty of sun block.

Program

Upon approval of your application, and providing the full fee has been paid, a copy of the programme will be forwarded to you as confirmation of your acceptance to the clinic. The clinic begins with a 6:30pm dinner on Thursday 17th and concludes at 1.00pm after lunch on Monday 21st. Participants will not be allowed to leave the coaching clinic for any period during the four days, except with prior approval.

Liability

The clinic organisers do not accept any liability for loss or damage (material or personal) suffered during or arising at the clinic. It is the individual's responsibility, if so desired, to ensure they have adequate insurance cover for boats, equipment and personal effects.

NZIODA Membership

All sailors attending must be financial members of NZIODA

Applications and Fees

Applications close 31st October 2015.

Late enrolments will not be accepted after the closing date. The full fee is payable with application.

No refunds will be made for withdrawals unless in the case of a dire medical situation!



SOUTH ISLAND OPTIMIST CLINIC 2015WAINUI CAMP 17th – 21st December

Registration Form

All applications must be emailed to us by 31st October 2015

12.					
Applicants name					
A 11					
Address					
Danaut/Caran	1: NI				
Parent/Guar	aian Name				
Email Address					
Elliali Audi	ess				
Phone: Dex	7		Phone: Evening		
Phone: Day			Phone. Evening		
Male/Fema	le	DOB		Sail	
Yacht Club			T-Shirt Size	No.	
Y acht Club					
			8,10,12,14,Sml & Med d any regattas they may have con		
Medical Requ	irements: Does you	ır child have any special nee	eds that we need to be aware of?	If so please supply details below:	
	I am a current financial member of NZIODA : Membership number [NB. Your membership number is your NZIODA receipt number]				
	In returning this form, I agree to comply with the conditions in the notice of event and the programme				
	I have deposited \$350.00 through electronic banking into SI Optimist bank account ASB 12 3147 0475688 00. Please use your childs name in the reference field.				
Signed	(Parent /Guardian)				

Please return this form by email to: sioptimistclinic@gmail.com