



SUMMER HOME SCHOOL ACTIVITY DAYS

JUNE 23 • JULY 14 • JULY 28 • AUGUST 11 • AUGUST 25, 2017

for Children Ages 7 - 15

Come to the Sheboygan YMCA and join us for a fun afternoon of sports, games, other activities and swimming. If you are missing your home school friends this summer, this is a great way to connect with them while having fun at the Y. A snack is included after swimming. All ages may be together for the activities, based on the number of participants each day. This program will meet in the Lohmann Gym, pool and outside.

- **Class meets on Friday from 1:30pm - 4:00pm on the dates listed above.**
- Children should wear appropriate attire including gym shoes, athletic shorts and t-shirt. No metal should be visible on clothing. Hair must be tied back. Please dress for the weather.
- This program is only for children who are in a home school program. Parents may be asked to provide a copy of their child's PI-1206 form filed with the state of Wisconsin.
- Please contact Matt at mmueller@sheboygancountymca.org/920-451-8000 x117 or Ashley at arietbrock@sheboygancountymca.org/920-451-8000 x182 for more information.
- Registration is limited! **The registration deadline is one week prior to each date.**



SHEBOYGAN YMCA 2017 SUMMER HOME SCHOOL ACTIVITY DAYS

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081 • 920-451-8000

Family Last Name _____ **Parent/Guardian** _____
 Address _____ **City** _____ **State** _____ **Zip** _____
 Phone 1 _____ Phone 2 _____ **Email** _____
Emergency Contact
 Name _____ Phone 1 _____ Phone 2 _____

HOLD HARMLESS AGREEMENT

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for my child to participate and be photographed in YMCA activities.

Parent Signature _____ **Date** _____

<p>Child #1 _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate _____ Age _____</p> <p><input checked="" type="checkbox"/> Date 17SU-1YHOMESCH.. <input type="checkbox"/> 6/23 <input type="checkbox"/> 7/14 <input type="checkbox"/> 8/11 <input type="checkbox"/> 7/28 <input type="checkbox"/> 8/25</p> <p>Fee per Day <input type="checkbox"/> \$5.00 YMCA Family Member <input type="checkbox"/> \$6.00 YMCA Youth Member <input type="checkbox"/> \$7.00 Participant</p>	<p>Child #2 _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate _____ Age _____</p> <p><input checked="" type="checkbox"/> Date 17SU-1YHOMESCH.. <input type="checkbox"/> 6/23 <input type="checkbox"/> 7/14 <input type="checkbox"/> 8/11 <input type="checkbox"/> 7/28 <input type="checkbox"/> 8/25</p> <p>Fee per Day <input type="checkbox"/> \$5.00 YMCA Family Member <input type="checkbox"/> \$6.00 YMCA Youth Member <input type="checkbox"/> \$7.00 Participant</p>	<p>Child #3 _____ <input type="checkbox"/> M <input type="checkbox"/> F Birthdate _____ Age _____</p> <p><input checked="" type="checkbox"/> Date 17SU-1YHOMESCH.. <input type="checkbox"/> 6/23 <input type="checkbox"/> 7/14 <input type="checkbox"/> 8/11 <input type="checkbox"/> 7/28 <input type="checkbox"/> 8/25</p> <p>Fee per Day <input type="checkbox"/> \$5.00 YMCA Family Member <input type="checkbox"/> \$6.00 YMCA Youth Member <input type="checkbox"/> \$7.00 Participant</p>
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Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____