

**HIGH ROPES FAMILY CHALLENGE**  
**SUNDAY, OCTOBER 8, 2017**

**Age 10 - Adult**

Scaling a 40 foot wall and flying through the air is not just for super heroes, you can do it too! Children are welcome to sign up without an adult, but we encourage parents/other family members to join us if they are up for the challenge. Participants will challenge themselves on all of our towering obstacles: our 40' Climbing Wall, the Giant's Ladder, Catwalk, Multivines, Swinging Chairs and the infamous Zip Line.

Sunday ..... 1:00pm – 4:00pm



**HALLOWEEN DAY CAMP**  
**FRIDAY, OCTOBER 27, 2017**

**Ages 4 - 12**

Send your child to Camp Y-Koda for a fun-filled "no school" day! The day will consist of traditional camp activities with Halloween twists. Pack a costume for our Halloween carnival with music, games and contests. Please provide a bag lunch. Camp will provide milk and an afternoon snack. There is no bussing for this event; children must be dropped off and picked up at camp.

Friday ..... 8:30am - 4:00pm



**Camp Y-Koda**  
 Outdoor Skills & Education  
 Sheboygan County YMCA



**CAMP Y-KODA 2017 FALL HIGH ROPES FAMILY CHALLENGE / HALLOWEEN DAY CAMP**

Please return form to Camp Y-Koda, the Sheboygan YMCA or Sheboygan Falls YMCA

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  M  F  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**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 myself and/or my child to participate and be photographed in YMCA activities.

**Parent and/or Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**HIGH ROPES FAMILY CHALLENGE 17F1-4CHIGHROPES**

**Fee per Person**

- \$18.00 YMCA Member
- \$25.00 Participant

**Family Members - each person must be registered**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**HALLOWEEN DAY CAMP 17F1-4CCAMP...**

**Fee per Person**

- \$39.00 YMCA Member
- \$44.00 Participant

**Additional Information**

Health Concerns \_\_\_\_\_  
 Behavior Issues \_\_\_\_\_  
 Friend Request \_\_\_\_\_

Receipt # \_\_\_\_\_ Amt Paid \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ **PLEASE RETURN TO CAMP**