



WINTER BREAK DAY CAMP

DECEMBER 26 - 29, 2017

Ages 4 - 12

Are you looking for something fun for your kids to do during their winter break? Send them to Camp Y-Koda to enjoy the brisk winter air and great outdoor activities. We will spend the days sledding, snowshoeing, building forts and keeping warm around campfires. Sign up for one day or multiple days for a discounted rate. Please provide a bag lunch each day. Camp will provide milk and an afternoon snack. Please bring adequate clothing to spend a lot of time outdoors.

- **There is no bussing, children must be dropped off and picked up at Camp Y-Koda daily.**
- **Extended care at Camp Y-Koda is available from 7:30am - 8:30am and 4:00pm - 5:30pm for an additional fee of \$5.00 per day.**

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



CAMP Y-KODA 2017 WINTER BREAK DAY CAMP

Please drop off, mail or fax the 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 _____

Additional Information

Secondary Contact _____ Phone # _____
 Emergency Contact _____ Phone # _____
 Health Concerns _____
 Behavior Issues _____
 Friend Request _____

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** _____

<input checked="" type="checkbox"/> Day	Fee	<input checked="" type="checkbox"/> 1 Day	<input checked="" type="checkbox"/> 2 Days	<input checked="" type="checkbox"/> 3 Days	<input checked="" type="checkbox"/> 4 Days	<input checked="" type="checkbox"/> Extended Care
<input type="checkbox"/> 12/26	Member	<input type="checkbox"/> \$39.00	<input type="checkbox"/> \$67.00	<input type="checkbox"/> \$91.00	<input type="checkbox"/> \$111.00	<input type="checkbox"/> Yes - Add'l \$5.00 per Day
<input type="checkbox"/> 12/27	Participant	<input type="checkbox"/> \$44.00	<input type="checkbox"/> \$77.00	<input type="checkbox"/> \$106.00	<input type="checkbox"/> \$131.00	<input type="checkbox"/> No
<input type="checkbox"/> 12/28						
<input type="checkbox"/> 12/29						

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Receipt # _____ Amt Paid _____ Date _____ Staff _____ **PLEASE RETURN TO CAMP**