



# ALMOST SUMMER SLUMBER PARTY

## MAY 4 - 5, 2018

### Ages 6 - 12

Join us for this slumber party at Camp Y-Koda and you may want to stay the whole summer! On Friday evening, we will have a pizza party and a movie, followed by smores around the campfire. Saturday will be packed with favorite camp activities such as archery (age 7+), canoeing, kayaking and more!

All meals, snacks and beverages will be provided. Please bring a sleeping bag, pillow, pajamas, toiletries and a change of clothing for the next day. Please make sure your child has adequate clothing for spending a lot of time outdoors.

Friday .....drop off ..... 5:00pm  
 Saturday .....pick up .....2:00pm



**CAMP Y-KODA 2018 ALMOST SUMMER SLUMBER PARTY**  
 Please return form to Camp Y-Koda, the Sheboygan YMCA or Sheboygan Falls YMCA

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

**Almost Slumber Party Fee 18S1-4CSLUMBER..**

- \$45.00 YMCA Member
- \$55.00 Participant

- If your child has medication to be administered during the sleepover, it must be turned in to a staff member upon arrival. The medication must be in the original container along with a note indicating dosage and permission to administer.
- If your child will be picked up prior to the scheduled pick up time, you must turn in a note to a staff member upon arrival. You must sign your child in at drop off and show photo ID and sign out at pick up.

**Health Concerns** \_\_\_\_\_

**Behavior Issues** \_\_\_\_\_

**PLEASE RETURN FORM TO CAMP**

Receipt # \_\_\_\_\_ Amt Paid \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_