



SPRING BREAK DAY CAMP

MARCH 26 - 30, 2018

Ages 4 - 12

Send the kids to Camp Y-Koda for spring break where they will enjoy a week of summer camp a few months early. Spend each day outdoors participating in camp games and activities such as ga ga ball, survival skills, archery (age 7+), nature programs and much more. We promise your kids will return home safe and very tired.

Please provide a bag lunch each day. Camp will provide milk and an afternoon snack. Extended care (additional fee of \$5.00 per day) and busing are available per the schedule below.



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

Extended Care	Morning	Afternoon	Bus Schedule	Pick-up	Drop-off
Sheboygan YMCA	7:30 - 8:00am	4:30 - 5:30pm	Sheboygan YMCA	8:00am	4:30pm
Sheboygan Falls YMCA	7:30 - 8:15am	4:15 - 5:30pm	Sheboygan Falls YMCA	8:15am	4:15pm



CAMP Y-KODA 2018 SPRING BREAK DAY CAMP

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 _____
 Health Concerns _____ Behavior Issues _____
Emergency Contact _____ **Phone #** _____
Secondary Contact _____ **Phone #** _____

If your child will be picked up prior to the scheduled pick up time, you must give 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.

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** _____

<input checked="" type="checkbox"/>	Day	Fee	<input checked="" type="checkbox"/>	Member	<input checked="" type="checkbox"/>	Participant	<input checked="" type="checkbox"/>	Extended Care \$5.00/Day	<input checked="" type="checkbox"/>	Busing
<input type="checkbox"/>	Mon 3/26	1 Day	<input type="checkbox"/>	\$35.00	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>	None	<input type="checkbox"/>	None
<input type="checkbox"/>	Tues 3/27	2 Days	<input type="checkbox"/>	\$68.00	<input type="checkbox"/>	\$78.00	<input type="checkbox"/>	Sheboygan YMCA	<input type="checkbox"/>	Sheboygan YMCA
<input type="checkbox"/>	Wed 3/28	3 Days	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	\$115.00	<input type="checkbox"/>	Sheboygan Falls YMCA	<input type="checkbox"/>	Sheboygan Falls YMCA
<input type="checkbox"/>	Thur 3/29	4 Days	<input type="checkbox"/>	\$125.00	<input type="checkbox"/>	\$150.00				
<input type="checkbox"/>	Fri 3/30	5 Days	<input type="checkbox"/>	\$155.00	<input type="checkbox"/>	\$180.00	<input checked="" type="checkbox"/>	Friend Request Name:		