

KNEE HIGH NATURALISTS PROGRAM

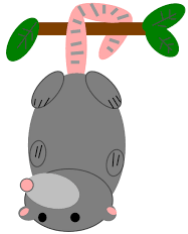
Parent - Child Program for Children Age 30 Months - 5 Years

Discover the wonderful and wild great outdoors with your little ones! Camp Y-Koda's fun naturalists will lead this interactive, parent-child program. Types of activities will vary by season and include hikes, hands-on explorations, crafts and games. Children must be accompanied by a responsible parent or adult.

- The program meets from 9:30am - 10:30am on the dates listed below.
- Pre-registration is required by Tuesday at 12 noon before each date.

MAPLE SYRUP AT MAYWOOD WEDNESDAY, MARCH 7, 2018

Knee High Naturalists are invited to the Maywood Environmental Center for a special tour of Maywood's maple sugar operation. We will tour Maywood's maple forest and have some fun as we learn all about this delicious Wisconsin product. Pancakes and maple syrup tasting will top off this fun program!



SILLY OPOSSUMS AT CAMP Y-KODA WEDNESDAY, APRIL 4, 2018

What hangs upside down, carries its babies in a kangaroo pouch and lives in Wisconsin? The amazing opossum! Come to Camp Y-Koda and learn all about the silly things opossums do! In this fun, interactive program we will play musical opossums, go on a short 'possum hike, play with bits and pieces in the children's garden and make a craft.



CAMP Y-KODA 2018 SPRING KNEE HIGH NATURALISTS PROGRAM

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

Child's Name _____ Birth Date _____ M F
 Sibling 1 _____ Birth Date _____ M F
 Sibling 2 _____ Birth Date _____ M F
 Address _____ City _____ State _____ Zip _____
 Email _____ Phone 1 _____ Phone 2 _____
 Parent/Guardian bringing child(ren) _____ 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/Guardian Signature _____ Date _____

- | | |
|--|--|
| <input checked="" type="checkbox"/> Date 4CKNEEHIGH | <input checked="" type="checkbox"/> Fee per Day |
| <input type="checkbox"/> March 7 18W2 | <input type="checkbox"/> \$6.00 First Child |
| <input type="checkbox"/> April 4 18W2 | <input type="checkbox"/> \$4.00 Each Additional Sibling x _____ Children |

Receipt # _____ Amt Paid _____ Date _____ Staff _____