

**SHEBOYGAN YMCA**

812 Broughton Drive, Sheboygan, WI 53081

P 920-451-8000 • F 920-451-8019

[www.sheboygancountymca.org](http://www.sheboygancountymca.org)



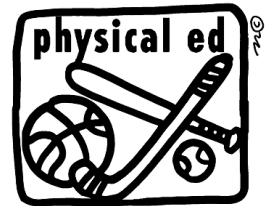
FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HOME SCHOOL PHYSICAL EDUCATION PROGRAM

**Winter 1 ..... January 12 - February 23, 2018**

**Winter 2 ..... March 2 - April 13, 2018**

**Spring ..... April 20 - June 1, 2018**



**for Children Ages 5 - 17**

Children will develop movement, coordination, flexibility, strength and agility as well as socialization in a fun environment. Lessons include, but are not limited to, fitness, gymnastics, swimming, gym activities and team sports. The exact course schedule and groups will be handed out the first day or emailed the first week of class. The children will be divided by age for all activities. Group size will be approximately 10 - 20 children. The lesson content will be similar and modified to suit the age group abilities.

- **Class meets each Friday from 1:30pm - 2:30pm at the Sheboygan YMCA.**
- Children should wear appropriate attire including gym shoes, athletic shorts and t-shirt. No metal should be visible on clothing. Hair must be tied back. Please dress for the weather.
- This program is only for children who are in a home school program. Parents may be asked to provide a copy of their child's PI-1206 form filed with the state of Wisconsin.
- For more information, please contact Ashley at [arietbrock@sheboygancountymca.org](mailto:arietbrock@sheboygancountymca.org) or 920-451-8000 x182.
- Registration is limited! **The registration deadline is two weeks prior to the start of each session.**



**SHEBOYGAN YMCA 2018 WINTER-SPRING HOME SCHOOL PHYSICAL EDUCATION PROGRAM**

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081 • 920-451-8000

**Family Last Name** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Phone 1** \_\_\_\_\_ **Phone 2** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**Child #1** \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Age \_\_\_\_\_  M  F

**7-Week Session 1YHOMESCH..**  
 Winter 1 18W1  
 Winter 2 18W2  
 Spring 18S1

**Fee per 7-Week Session**  
 \$19.00 YMCA Family Member  
 \$23.00 YMCA Youth Member  
 \$38.00 Participant

**Child #2** \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Age \_\_\_\_\_  M  F

**7-Week Session 1YHOMESCH..**  
 Winter 1 18W1  
 Winter 2 18W2  
 Spring 18S1

**Fee per 7-Week Session**  
 \$19.00 YMCA Family Member  
 \$23.00 YMCA Youth Member  
 \$38.00 Participant

**Child #3** \_\_\_\_\_  
 Birth Date \_\_\_\_\_  
 Age \_\_\_\_\_  M  F

**7-Week Session 1YHOMESCH..**  
 Winter 1 18W1  
 Winter 2 18W2  
 Spring 18S1

**Fee per 7-Week Session**  
 \$19.00 YMCA Family Member  
 \$23.00 YMCA Youth Member  
 \$38.00 Participant

**Continue on the Reverse Side ►**

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**SPECIAL MEDICAL/HEALTH CONSIDERATIONS** - please list each child's name

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PAYMENT**

- Cash
- Check # \_\_\_\_\_
- Credit Card Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_

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