

new **LITTLE HANDS NATURE EXPLORERS**
AT MAYWOOD ENVIRONMENTAL PARK

Ages 3 - 4 with Parent

This 6-week parent and child summer camp program at Maywood Environmental Park is specifically designed to introduce you and your child to our programs and nature-based philosophies. Learn about nature while learning about the importance of play in nature and how it leads to healthy child development. Our professional environmental education staff will lead nature activities and guide children’s curiosity and wonder through inquiry. Dress to get messy! This program is 100% outdoors rain or shine, except in severe weather.

- **There is a limit of 12 children per day. The fee is for the parent and child.**
- **Maywood Environmental Park is located at 3615 Mueller Road, Sheboygan, WI 53083**

SESSION 1.....JULY 9 - AUGUST 13, 2018
 Monday9:00am - 11:00am
 - or -
SESSION 2.....JULY 10 - AUGUST 14, 2018
 Tuesday9:00am - 11:00am



CAMP Y-KODA 2018 SUMMER LITTLE HANDS NATURE EXPLORERS AT MAYWOOD

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

Child's Name _____ 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** _____

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|---|--|
| <input checked="" type="checkbox"/> 6-Week Session | <input checked="" type="checkbox"/> Fee per 6-Week Session for Parent and Child |
| <input type="checkbox"/> Monday 7/9 - 8/13 | <input type="checkbox"/> \$90.00 YMCA Member |
| <input type="checkbox"/> Tuesday..... 7/10 - 8/14 | <input type="checkbox"/> \$110.00 Participant |

Receipt # _____ Amt Paid _____ Date _____ Staff _____