



# CAMP Y-KODA HALLOWEEN PARTY

## MONDAY, OCTOBER 29, 2018

### Ages 5 - 12

Calling all ghosts, goblins and ghouls! You are invited to attend this spooky fun evening at Camp Y-Koda to explore our spooky trails and partake in favorite camp activities with a Halloween twist. There will be a Halloween Party with a costume and pumpkin decorating contest. It'll be a screaming good time! Dinner will be provided. Please bring adequate clothing to spend a lot of time outdoors. **The registration deadline is October 22, 2018.**

Monday ..... 4:00pm - 7:30pm



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### CAMP Y-KODA 2018 FALL HALLOWEEN PARTY

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

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  M  F  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_  
Email \_\_\_\_\_ Parent/Guardian \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **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 Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- Fee**
- \$12.00 YMCA Member
- \$18.00 Participant

Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_ **RETURN FORM TO CAMP**  
18F2-4CHALLOWEEN