

YMCA CAMP Y-KODA 2019 FALL PROGRAMS

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

Participant Name _____ Birth Date _____ Grade _____ M F
Address _____ City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____ **Email Required** _____
Emergency Contact _____ Phone # _____

Family Members (for certain events) - Each person must be registered

Name _____ Birth Date _____ M F
Name _____ Birth Date _____ M F
Name _____ Birth Date _____ M F
Name _____ Birth Date _____ M F

- If your child has medication to be administered during the event, it must be turned in to a staff member upon arrival. The medication must be in the original container along with a note indicating dosage and permission to administer.
- If your child will be picked up prior to the scheduled pick up time, you must turn in 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.

Special Needs/Accomodations _____

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/Participant Signature _____ **Date** _____

- GUIDED KAYAK TRIP** 19F1-4CKAYAKTRIP
 \$12.00 YMCA Member
 \$18.00 Participant
- NO SCHOOL DAYS** 4CNOSCHOOL
 Date **Fee per Day**
 September 13 19F1 \$35.00 YMCA Member
 October 18 19F1 \$45.00 Participant
 October 25 19F1
 November 15 19F2
 November 22 19F2
 December 13 19F2
- ARCHERY 101** 19F1-4CARCHERY101
 \$4.00 YMCA Family Member
 \$5.00 YMCA Youth Member
 \$7.00 Participant
- AUTUMN OVERNIGHT** 19F1-4COVERNIGHT
 \$42.00 YMCA Member
 \$52.00 Participant
- FALL COLORS FAMILY CLIMB** 19F1-4CFALLCOLOR
 \$12.00 YMCA Member
 \$18.00 Participant
- HALLOWEEN PARTY** 19F2-4CHALLOWEEN
 \$15.00 YMCA Member
 \$20.00 Participant

- FALL HIKE & BONFIRE** 19F2-4CFALLHIKE
 \$4.00 YMCA Family Member
 \$5.00 YMCA Youth Member
 \$7.00 Participant
- GIRLS & DOLLS COOKIES** 19F2-4CGIRLSDOLLS
 \$13.00 per Person x _____ = \$ _____
- DINNER WITH FROSTY** 19F2-4CDINNERFROS
 \$15.00 YMCA Member
 \$20.00 Participant
- WINTER BREAK DAY CAMP** 19F2-4CCAMP
 Date **Fee per Day**
 12/23 12/27 \$35.00 YMCA Member
 12/26 12/30 \$45.00 Participant
 Extended Care
 \$ 5.00 per Day x _____ Days
- KNEE HIGH NATURALISTS** 4CKNEEHIGH
 Date **Fee per Day**
 September 11 19F1 \$6.00 per Child
 October 9 19F1
 November 13 19F2
- HOME SCHOOL PROGRAMS** 4CHOMESCH..
 Date **Fee per Day**
 September 18 19F1 \$8.00 per Child
 October 16 19F1
 November 13 19F2

PAYMENT

Cash Check # _____ Please note: checks must be made payable to the Sheboygan County YMCA.
 Credit Card # _____ Exp Date _____ 3 Digit Code _____

Total Amount Due \$ _____ Receipt # _____ Rec'd By _____ **RETURN TO CAMP**