

CAMP Y-KODA 2019 SPRING 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** _____

GIRLS & DOLLS SOCIAL 19W2-4CGIRLSDOLLS
 \$13.00 per Person x _____ = \$ _____

SPRING SLEEPOVER 19W2-4CSLEEPOVER
 \$42.00 YMCA Member
 \$52.00 Participant

EARTH DAY ACTION 19S1-4CEARTH
 April 22

VOLUNTEER WORK DAY 19S1-4CVOLUNTEER
 May 11

GUIDED KAYAK TRIP 19S1-4CKAYAK
 \$15.00 YMCA Member
 \$20.00 Participant

PANCAKE BRUNCH 19S1-4CPANCAKEBR
 \$5.00 per Person x _____ = \$ _____

KNEE HIGH NATURALISTS 19W2-4CKNEEHIGH
 April 10 \$6.00 per Child
 \$4.00 Add'l Sibling

HOME SCHOOL PROGRAMS 4CHOMESCH..
 April 17 19S1 \$8.00 per Child, per Day
 May 15 19S1
 June 19 19SU

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**