

FALL OVERNIGHT CAMP

NOVEMBER 6-7, 2020



Ages 6 - 14

Spend a fun-filled night at camp to celebrate the beginning of fall! On Friday evening, we will enjoy dinner and an evening filled with nighttime activities. Participants will get the opportunity to see the starry night with s'mores around the campfire. Saturday will be packed with favorite camp activities such as Archery (age 7+), arts & crafts, games and more!

All meals, snacks and beverages will be provided. Please bring a sleeping bag, pillow, pajamas, toiletries and a change of clothing for the next day. Please make sure your child has adequate clothing for spending a lot of time outdoors rain, snow or shine. **During the week of the event, camp will send out an informational email prior. The registration deadline is November 4, 2020.**

Fridaydrop-off 5:00pm
Saturdaypick-up 2:00pm

For more information or questions, please contact Kaitlyn at krautmann@sheboygancountyymca.org.

YMCA CAMP Y-KODA 2020 FALL OVERNIGHT

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

Name _____ Birth Date _____ Grade _____ M F
Address _____ City _____
State _____ Zip Code _____ **Required Email** _____
Primary Contact: Parent/Guardian _____ Phone # _____
Secondary/Emergency Contact: Parent/Guardian _____ 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**
 \$42.00 YMCA Member
 \$52.00 Participant

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ **RETURN FORM TO CAMP**
20F2-4COVERNIGHT...