



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Camp Y-Koda
W3340 Sunset Road, Sheboygan Falls, WI 53085
P: (920) 467-6882 sheboygancountyyymca.org/camp-y-koda

SCHOOL'S OUT CAMPS

AT CAMP Y-KODA

AGES 4 - 13

No School? No Problem! When school is out, camp is here for parents with a full day of care in our School's Out program. Campers will enjoy the fresh air and partake in favorite camp activities. Your camper will make new friends, gain confidence and expand their horizons. It's a great way to spend a day off!

- Campers should bring a sack lunch & an afternoon snack
- Campers should dress accordingly to spend time outside rain, snow or shine!
- **An email will be sent out with more information prior to the event.**
- **Questions?** Email Kaitlyn at krautmann@sheboygancountyyymca.org

MARCH 19 & 26, APRIL 30 & MAY 28, 2021

Friday 8:00am - 4:00pm

APRIL 5, 2021

Monday 8:00am - 4:00pm



2021 DAY SELECTION: *4CSCHOOL...*

- MARCH 19 *21W2*
- MARCH 26 *21W2*
- APRIL 5 *21W2*
- APRIL 30 *21S1*
- MAY 28 *21S1*

COST PER DAY:

- \$35.00 per child: YMCA Member
- \$45.00 per child: Non-Member

NAME OF CHILD: _____ BIRTHDATE: _____ M F

Allergies/Health History: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PRIMARY CONTACT: Parent/Guardian _____ PHONE #: _____

REQUIRED EMAIL: _____

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/Guardian Signature: _____ Date: _____



YMCA STAFF ONLY
Return Form to YMCA Camp Y-Koda

Receipt #: _____
Amount Paid: _____
Rec'd By: _____ Date: _____