

YMCA CAMP Y-KODA

W3340 Sunset Road, Sheboygan Falls, WI 53085
P 920-467-6882 • F 920-467-7240
www.sheboygancountymmca.org/camp-y-koda



**FOREST FRIDAY AT MAYWOOD ENVIRONMENTAL PARK
AUGUST 19 & AUGUST 26, 2022**



Ages 3 - 6

Welcome to Forest Friday! We offer quality child care with nature programming and plenty of outdoor play time. Forest Friday programs include stories, games, crafts and activities based on the theme topic each week. We look forward to spending time with your young learner at Maywood Environmental Park, located at 3615 Mueller Road in Sheboygan. Please contact Sarah Dezwarthe at sdezwarthe@sheboygancountymmca.org or 920-467-6882 for more information.

- Please send a snack and a sack lunch.
- Please dress for varying weather conditions.
- **Forest Friday meets from 8:00am - 3:00pm.**

AUGUST THEMES



August 19 - Cookin' in the Mud Kitchen

August 26 - Prairie Fairies



YMCA CAMP Y-KODA AUGUST 2022 FOREST FRIDAY AT MAYWOOD ENVIRONMENTAL PARK

Please email form to Terese at tcarroll@sheboygancountymmca.org or mail to W3340 Sunset Road, Sheboygan Falls, WI 53085

Name _____ Birth Date _____ Grade _____ M F
 Address _____ City _____
 State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
 Parent/Guardian _____ **Email Required** _____
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** _____

- Date** **Fee per Date**
 August 19 \$35.00 Member
 August 26 \$40.00 Participant

• **Click on button to email form. Please note this feature will not work if form is opened in Google Chrome or Safari.**
 • **You can also save the form as your child's name and email it to Terese at tcarroll@sheboygancountymmca.org.**
 • **If credit card information is not listed above, Camp Y-Koda will contact you for payment.**

PAYMENT

Cash
 Check # _____
 Credit Card # _____ Exp Date _____ Security Code _____

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ **RETURN FORM TO CAMP 22SU-4CFORREST...**