



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



JANUARY 17, 2022

Monday..... 8:00am - 4:00pm

JANUARY 21, FEBRUARY 18 & 25, 2022

Friday 8:00am - 4:00pm

YMCA CAMP Y-KODA 2022 WINTER SCHOOLS OUT CAMP
Please return to YMCA Camp Y-Koda, Sheboygan YMCA or Sheboygan Falls YMCA

2022 DAY SELECTION: *4CSCHOOL...*

- JANUARY 17 *22W1*
- JANUARY 21 *22W1*
- FEBRUARY 18 *22W1*
- FEBRUARY 25 *22W1*

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: _____

- Click on the button to email form. Please note this feature will not work if form is opening in Google Chrome/ Safari.
- You can also save the form as your child's name and email it to tcarroll@sheboygancountyyymca.org.
- Camp Y-Koda will contact you for payment. Payment must be received to reserve your child's spot.

YMCA STAFF ONLY
Return Form to YMCA Camp Y-Koda

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