

**YMCA CAMP Y-KODA**

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



**YMCA CAMP Y-KODA PUBLIC PROGRAMS**

For more information, please contact Sarah at sdezwarde@sheboygancountyyymca.org or 920-467-6882.

**12 HIKES-12 MONTHS CLUB FOR WOMEN**  
**APRIL 2023 - MARCH 31, 2024**  
**Age 18 & Older**

This is a hike club exclusively for women. Each month we hike a different trail in the area (up to 45 minutes away). You can hike the trail on your own, with a friend or family or during our group hikes (dates vary each month). **Members should request to join the private 12 Hikes 12 Months FB page, and Sarah will approve your request.** Information on each month's trail will be posted the first week of every month via the private FB page.



**YMCA CAMP Y-KODA 2023 ADULT PUBLIC PROGRAMS**  
Please return to the Sheboygan YMCA, Sheboygan Falls YMCA or Camp Y-Koda

Name \_\_\_\_\_ Email \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

**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.

**Adult Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**12 HIKES-12 MONTHS CLUB FOR WOMEN 23S1-4C12HIKES**

- Fee**
- \$25.00 Annually Member
- \$30.00 Annually Participant

Receipt # \_\_\_\_\_ Amt Paid \_\_\_\_\_ Date \_\_\_\_\_ Rec'd By \_\_\_\_\_

**RETURN FORM TO CAMP**