



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 12-HIKES 12-MONTHS FOR WOMEN with YMCA Camp Y-Koda

**APRIL 1, 2024 – MARCH 31, 2025**

## 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 Facebook page.

## COSTS

\$25 Annually, for YMCA Members

\$30 Annually, for Non-YMCA Members

For more information or questions, please contact Sarah Dezwarte at (920) 467-6882 or [sdezwarde@sheboygancountyyymca.org](mailto:sdezwarde@sheboygancountyyymca.org).



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

# YMCA CAMP Y-KODA 2024-2024 12-HIKES 12-MONTHS FOR WOMEN REGISTRATION FORM

Please return & register at YMCA Camp Y-Koda, Sheboygan YMCA or Sheboygan Falls YMCA

## COSTS:

- \$ 25 ANNUALLY - YMCA MEMBER
- \$ 30 ANNUALLY - NON-MEMBER

## PRIMARY CONTACT INFORMATION:

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  M  F  
Allergies/Health History/Dietary Restrictions: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
REQUIRED EMAIL/USERNAME: \_\_\_\_\_  
REQUIRED PHONE NUMBER: \_\_\_\_\_

## SECONDARY CONTACT INFORMATION (IF APPLICABLE):

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  M  F  
Allergies/Health History/Dietary Restrictions: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_



## 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 & videos in YMCA activities.

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Click on 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](mailto:tcarroll@sheboygancountyyymca.org)
- Camp Y-Koda will contact you for payment. Payment must be received to reserve your child's spot.

## ONLINE ACCOUNT

At the time our registration team processes your paper registration form, you will be provided with a FREE account in our online registration platform, CampBrain! To set-up your account password with us, use your email address and click on "Forgot Password" to set-up your password to gain access to your account.



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