



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

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 an action-packed day of adventure and fun. We will get the kids outside to 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 and a snack.
- Campers should dress accordingly to spend time outside rain, snow or shine!
- **An email with camp information will be sent out prior to each camp date.**
- **The Registration deadline is each Wednesday before camp date.**



NOVEMBER 13 & DECEMBER 11, 2020

Friday 8:00am - 4:00pm

For more information or questions, please contact Kaitlyn at krautmann@sheboygancountyyymca.org.

YMCA CAMP Y-KODA 2020 SCHOOL'S OUT CAMPS

Please return to the Sheboygan YMCA, Sheboygan Falls YMCA or YMCA Camp Y-Koda

Name _____ Birth Date _____ Grade _____ M F
 Address _____ City _____
 State _____ Zip Code _____ **Required Email** _____
Primary Contact: Parent/Guardian _____ Phone # _____
Secondary/Emergency Contact: Parent/Guardian _____ Phone # _____
Allergies/Health History: _____

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** _____

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|---|--|
| <input checked="" type="checkbox"/> School's Out Camps 4CSCHOOL... | <input checked="" type="checkbox"/> Fee per Day |
| <input type="checkbox"/> November 13 20F2 | <input type="checkbox"/> \$35.00 YMCA Member |
| <input type="checkbox"/> December 11 20F2 | <input type="checkbox"/> \$45.00 Participant |

Receipt # _____ Amount Paid _____ Rec'd By _____ Date _____ **RETURN FORM TO CAMP**