

## YMCA CAMP Y-KODA

W3340 Sunset Road, Sheboygan Falls, WI 53085

P 920-467-6882 • F 920-467-7240

[www.sheboygancountymca.org/camp-y-koda](http://www.sheboygancountymca.org/camp-y-koda)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# WINTER BREAK DAY CAMP

## DECEMBER 28 -31, 2020

### Ages 4 - 13

Are you looking for something fun for your kids to do during their winter break? Kids can enjoy their school break by exploring the winter wonderland of camp. They'll reconnect with their summer friends and forge new relationships. We'll spend our days sledding, snowshoeing (8+), building forts and keeping warm around the campfire. No snow? No worries as camp will provide favorite camp activities such as archery (7+), arts & crafts, gaga ball and more!

- Children are required to bring their own lunch and snack each day. Camp will provide only milk during meal periods.
- Children must be dropped off and picked up at camp each day.
- Extended Care is available for an additional fee of \$5.00 per day from 7:15am-8:00am and 4:00pm-5:30pm.
- **An email will be sent out the week prior to the event with additional information.**
- **Pre-registration is required. The deadline to register is December 22, 2020 or until event is full.** Please contact Camp Y-Koda regarding openings or questions.

For more information please contact Kaitlyn at [krautmann@sheboygancountymca.org](mailto:krautmann@sheboygancountymca.org).



### YMCA CAMP Y-KODA 2020 WINTER BREAK DAY CAMP

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** \_\_\_\_\_

- Date 20F2-4CCAMP...**
- Monday..... 12/28
- Tuesday ..... 12/29
- Wednesday.. 12/30
- Thursday..... 12/31

- Fee per Day**
- \$35.00 YMCA Member
- \$45.00 Participant

- Extended Care at Camp**
- \$5.00 per Day  12/28
- None  12/29
- 12/30
- 12/31

- AM Only
- PM Only
- Both AM & PM

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