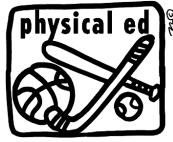


SHEBOYGAN YMCA

812 Broughton Drive, Sheboygan, WI 53081
P 920-451-8000 • F 920-451-8019
www.sheboygancountyyymca.org



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



HOME SCHOOL PHYSICAL EDUCATION PROGRAM
SPRING I: MARCH 37 - APRIL 18, 2025
SPRING II: APRIL 21 - MAY 30, 2025

for Boys and Girls Ages 5 - 17

Children develop movement, coordination, flexibility, strength and agility as well as socialization in a fun environment. Lessons include fitness, gymnastics, swimming, gym activities and team sports. The course schedule and groups will be handed out the first day or emailed the first week of class. The children will be divided by age for all activities. Group size will be approximately 10 - 20 children. The lesson content will be similar and modified to suit the age group abilities.

- **This program meets on Fridays from 1:30pm - 2:30pm at the Sheboygan YMCA.**
- Children should wear appropriate attire including gym shoes, athletic shorts and t-shirt. No metal should be visible on clothing. Hair must be tied back. Please dress for the weather.
- This program is only for children who are in a home school program. Parents may be asked to provide a copy of their child's PI-1206 form filed with the state of Wisconsin.
- For more information, please contact Taylor at 920-451-8000 x121 or tzastrow@sheboygancountyyymca.org.



SHEBOYGAN YMCA 2025 SPRING HOME SCHOOL PHYSICAL EDUCATION PROGRAM

Please return to the Sheboygan YMCA, 812 Broughton Drive, Sheboygan, WI 53081

Parent/Guardian _____ Birthdate _____ M F
 Address _____ City _____
 State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
 Email 1 _____ Email 2 _____

Emergency Contact

Name _____ Phone1 _____ Phone2 _____

Child #1 _____
 Birth Date _____
 Age _____ M F

Session
 Spring 1 Spring 2

Fee per 6-Week Session
 \$29.00 YMCA Family Member*
 \$36.00 YMCA Youth Member*
 \$45.00 Participant

* Sheboygan County YMCA Members

Child #2 _____
 Birth Date _____
 Age _____ M F

Session
 Spring 1 Spring 2

Fee per 6-Week Session
 \$29.00 YMCA Family Member*
 \$33.00 YMCA Youth Member*
 \$45.00 Participant

* Sheboygan County YMCA Members

Child #3 _____
 Birth Date _____
 Age _____ M F

Session
 Spring 1 Spring 2

Fee per 6-Week Session
 \$29.00 YMCA Family Member*
 \$33.00 YMCA Youth Member*
 \$45.00 Participant

* Sheboygan County YMCA Members
Continued on the Reverse Side ▶

SPECIAL MEDICAL/HEALTH CONSIDERATIONS - PLEASE LIST EACH CHILD'S NAME

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** _____

PAYMENT

- Cash
- Check # _____
- Credit Card # _____ Exp Date _____ Security Code _____

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