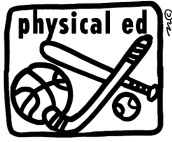


SHEBOYGAN YMCA

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 II: APRIL 5 - MAY 24, 2024

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 2024 SPRING II HOME SCHOOL PHYSICAL EDUCATION PROGRAM**

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

Family Last Name _____ Parent/Guardian _____
Address _____ City _____
State _____ Zip Code _____ Phone 1 _____ Phone 2 _____
Email 1 _____ Email 2 _____

Emergency Contact

Name _____ Phone 1 _____ Phone 2 _____

Child #1 _____

Birth Date _____

Age _____ ☐ M ☐ F**Session** 24S2-1YHOMESCH..☐ Spring**Fee per 7-Week Session**

- ☐ \$36.00 YMCA Family Member
- ☐ \$39.00 YMCA Youth Member
- ☐ \$59.00 Participant

Child #2 _____

Birth Date _____

Age _____ ☐ M ☐ F**Session** 24S2-1YHOMESCH..☐ Spring**Fee per 7-Week Session**

- ☐ \$36.00 YMCA Family Member
- ☐ \$39.00 YMCA Youth Member
- ☐ \$59.00 Participant

Child #3 _____

Birth Date _____

Age _____ ☐ M ☐ F**Session** 24S2-1YHOMESCH..☐ Spring**Fee per 7-Week Session**

- ☐ \$36.00 YMCA Family Member
- ☐ \$39.00 YMCA Youth Member
- ☐ \$59.00 Participant

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 _____