



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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



HOLIDAY WORKSHOP CAMP

Sunday, December 12, 2021
9:00am-11:30am & 12:30pm-3:00pm

AGES 4-13: \$20 per child per session

Parents, do you need time to catch up on your holiday shopping? Send the kids to camp for an afternoon of holiday fun! We'll transform the Dension Pavilion into our very own holiday workshop. Kids will partake in a **hike around our winter wonderland of camp, design and create our own ornaments, and drink hot chocolate around the campfire.** It's a great way to spend time at camp!

- Campers should dress accordingly to spend time outside rain, snow or shine!
- **An email with information will be sent out prior to the event.**
- **The registration deadline is December 8, 2021.**



For more information please contact Kaitlyn Rautmann at krautmann@sheboygancountyymca.org.

This is not a school-sponsored activity and the Sheboygan Area School District does not approve, support, or endorse this program/activity.

YMCA CAMP Y-KODA 2021 HOLIDAY WORKSHOP CAMP • SUNDAY, DECEMBER 12, 2021

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

COST PER SESSION: \$20.00 per child AM Session: 9:00am-11:30am PM Session: 12:30pm-3:00pm

DATE: 21F2-4CHOLIDAY..

NAME OF CHILD: _____ **BIRTHDATE:** _____ M F

Allergies/Health History: _____

ADDRESS: _____ **CITY:** _____ **ST:** _____ **ZIP:** _____

PRIMARY CONTACT: Parent/Guardian _____ **PHONE #:** _____

REQUIRED EMAIL: _____

SECONDARY/EMERGENCY CONTACT: Parent/Guardian _____ **PHONE #:** _____

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/Guardian Signature: _____ **Date:** _____

- Click on button to email form. Please note this feature will not work if form is opened in Google Chrome Safari.
- You can also save the form as your child's name and email it to tcarroll@sheboygancountyymca.org.
- Camp Y-Koda will contact you for payment. Payment must be received to reserve your child's spot.

YMCA STAFF ONLY
Return Form to YMCA Camp Y-Koda

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