

**YMCA CAMP Y-KODA**

W3340 Sunset Road, Sheboygan Falls, WI 53085  
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www.sheboygancountyymca.org/camp-y-koda



# FATHER-DAUGHTER DANCE AT CAMP Y-KODA

## SATURDAY, FEBRUARY 12, 2022



### for Girls Ages 5 - 12

Put on your dancing shoes and create memories you won't forget. Girls - bring your dads, step-dads, grandpas and uncles for music provided by Carter Events & Entertainment, pizza, games, activities, and fun.

Sat... 6:00pm - 8:00pm



*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 2022 FATHER-DAUGHTER DANCE REGISTRATION FORM

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

Girl's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  F  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Required \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

#### FAMILY MEMBERS - each person must be registered

Name of Adult \_\_\_\_\_ Birth Date \_\_\_\_\_  M  
Girl's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  F  
Girl's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  F

#### 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 \_\_\_\_\_

#### FEE

- \$30.00 per Pair
- \$10.00 for Each Additional Daughter x \_\_\_\_\_ Girls

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