



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA CAMP Y-KODA
W3340 Sunset Road, Sheboygan Falls, WI 53085
P 920-467-6882 • F 920-467-7240
www.sheboygancountyyymca.org/camp-y-koda



HOLIDAY WORKSHOP CAMP AT CAMP Y-KODA

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 Denison 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 an afternoon at camp!

- Campers should dress accordingly to spend time outside rain, snow or shine!
- **An email with camp information will be sent out prior to the event.**
- **The Registration deadline is Thursday, December 10th, 2020.**

Date: Sunday, December 13, 2020

Time: 1:30pm - 4:00pm

Ages: 4-13

Cost: \$20.00 per child

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



For more information or questions, please contact Kaitlyn at krautmann@sheboygancountyyymca.org.

YMCA CAMP Y-KODA 2020 HOLIDAY WORKSHOP 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** _____

NOVEMBER 13 HOLIDAY WORKSHOP CAMP 20F2-4CHOLIDAY... \$20.00 per child

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