



**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](mailto:krautmann@sheboygancountyymca.org).

### 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](mailto: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: \_\_\_\_\_