



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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



HALLOWEEN PARTY

Wednesday, October 27, 2021
5:30pm-8:00pm

AGES 5-12: \$20 per child

Calling all ghosts, goblins and ghouls! You are invited to attend this spooky fun evening at Camp Y-Koda to explore our spooky trails & partake in special Halloween activities. There will be trick-or-treating, crafts, a costume contest and more. It'll be a screaming good time! Dinner will be provided including milk. Please bring along adequate clothing to spend time outside rain, snow or shine!

The registration deadline is October 22, 2021.

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



YMCA CAMP Y-KODA 2021 HALLOWEEN PARTY • WEDNESDAY, OCTOBER 27, 2021 21F2-4CHALLOWEEN

NAME OF CHILD: _____ BIRTHDATE: _____ M F
Allergies/Health History: _____

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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: _____



YMCA STAFF ONLY
Return Form to YMCA Camp Y-Koda

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