

# CAMP Y-KODA OUTDOOR SKILLS & EDUCATION

W3340 Sunset Road, Sheboygan Falls, WI 53085

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[www.sheboygancountyyymca.org](http://www.sheboygancountyyymca.org)



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CITIZEN BASED MONITORS WANTED!

### Age 18 & Older

Camp Y-Koda, in collaboration with area partners, is looking for motivated adults of all ages to help collect data on the Sheboygan River. Projects include invasive species eradication, bluebird house monitoring and more. Training will be provided. If you are interested in volunteering, please contact Sarah Dezwarde at [sdezwarde@sheboygancountyyymca.org](mailto:sdezwarde@sheboygancountyyymca.org). Please note that all of the programs on this page are free, however, pre-registration is required.

## INVASIVE PLANT PULL

Help protect riverside habitat by cutting and pulling invasive plants. Long sleeves, insect repellent, gloves and sturdy shoes are recommended. Meet at UW Sheboygan on University Drive along the Sheboygan River. For weather-related cancellations, please call Amy Kretlow at 414-840-2975 up to 2 hours in advance.



Date	Day	Time	Date	Day	Time
June 26	Friday	9:00am - 11:00am	August 28	Friday	9:00am - 11:00am
July 13	Monday	6:00pm - 8:00pm	September 9	Wednesday	9:00am - 11:00am
July 17	Friday	9:00am - 11:00am	September 14	Monday	5:30pm - 7:30pm
August 10	Monday	6:00pm - 8:00pm	September 18	Friday	9:00am - 11:00am
August 14	Friday	9:00am - 11:00am	September 26	Saturday	9:00am - 11:00am
August 24	Monday	6:00pm - 8:00pm			



## CAMP Y-KODA: CITIZEN BASED MONITORS REGISTRATION

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

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  M  F  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **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.

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Date</b> | <input checked="" type="checkbox"/> <b>Date</b> | <input checked="" type="checkbox"/> <b>Date</b> |
| <input type="checkbox"/> June 26                | <input type="checkbox"/> August 10              | <input type="checkbox"/> September 9            |
| <input type="checkbox"/> July 13                | <input type="checkbox"/> August 14              | <input type="checkbox"/> September 14           |
| <input type="checkbox"/> July 17                | <input type="checkbox"/> August 24              | <input type="checkbox"/> September 18           |
|   | <input type="checkbox"/> August 28              | <input type="checkbox"/> September 26           |

Receipt # \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ 2015-4CINVASIVE...

**PLEASE RETURN TO CAMP TO ENTER REGISTRATION**