

CAMP Y-KODA OUTDOOR SKILLS & EDUCATION

W3340 Sunset Road, Sheboygan Falls, WI 53085

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www.sheboygancountyymca.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@sheboygancountyymca.org. Please note that all of the programs on this page are free, however, pre-registration is required.



INVASIVE PLANT PULL AND ICE CREAM SOCIAL

Help protect riverside habitat by cutting and pulling invasive plants. Then take a break to enjoy ice cream and socialize with your fellow volunteers. 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.

Program Dates

Thur, April 16 and 30 5:30pm - 7:30pm

Thur, May 14 and 28 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** _____

INVASIVE PLANT PULL AND ICE CREAM SOCIAL

2015-4CINVASIVE...

- Date**
- Thur, April 16 Thur, May 14
- Thur, April 30 Thur, May 28

Receipt # _____ Date _____ Staff _____ **PLEASE RETURN TO CAMP**