



# A DAY FOR FUN

## OKOBOJI Y-KIDS



**PROGRAM HOURS: 6AM - 6PM**

**AGES: 4 - 10**

**\*\* ALL REQUIRED PAPERWORK MUST  
BE FILLED OUT BEFORE YOUR CHILD'S  
REGISTRATION WILL BE ACCEPTED. YOU  
CAN FIND ALL REQUIRED FORMS AT:**

**[WWW.OKOBOJIYMCA.COM/Y-KIDS](http://WWW.OKOBOJIYMCA.COM/Y-KIDS)**

**The day includes activities,  
crafts, play time, snacks and  
lunch.**

**Fee: \$28 per child per day**

**\*\*Must register 2 weeks prior to  
attendance date and can cancel up to 2  
weeks before registered date.\*\***

### Kids Day Out - Okoboji

Dates Attending (Check all that apply): 9/7 9/21 10/5 10/29 10/30 11/2 12/21 12/22 12/23 12/28  
12/29 12/30 12/31 1/4 2/1 2/25 2/26 3/15 3/16 3/17 3/18 3/19 3/26 3/29 4/19

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Amount Due \_\_\_\_\_

I understand Bedell Family YMCA will not be held responsible for injuries resulting from participation. As the parent or legal guardian of the above named child, I hereby give consent for emergency medical care prescribed by a dually licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. As the parent or legal guardian I release and consent the use of any and all photographs taken of my dependent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_