Adventure Awaits at YMCA Camp Bernie's Vacation Camp



Archery!





Nature Lodge! Meet Miss Lilly Prickles!



Arts and Crafts!



Climbing Tower!



Fort Building!





Canoeing!

All children, grades K-8, are welcome to attend

2nd, 3rd, 4th

Contact Chris Kinney at ckinney@campbernieymca.org or 908-832-9078 to register. This program is not sponsored by Washington Township School District.



YMCA CAMP BERNIE 327 Turkey Top Road

Port Murray, NJ 07865

Vacation Camp April 2nd, 3rd, 4th, 5th & 6th

Please circle applicable date(s)

For more information visit www.campbernieymca.org or call 908-832-9078

Camper Name:	M/F:	Grade:	Age
Address:	City:		Zip:
School District:	Parent Email:		
Please use separate form for each child registered. Payment must be made a week in advance to hold place. Check all services that apply:			
Vacation Camp \$60 per day 9:00 am to 4:00 pm Before Care \$15, 7:00 am to 9:00 am After Care \$15, 4:00 pm to 6:00 pm			
Advantage School Program Participants: full time (5 days a week Before or After), \$60 waived 2 days a week or more, \$50 Vacation Camp fee (9-4)			
Payment Information*	Method of Payment**		
I understand that certain of the Ridgewood YMCA (YMCA)	[] Cash [] Check Name on Card Card # Security Code: **Payment is due a week in advant ER AND EMERGENCY MCA Camp Bernie) activities have	Exp. ce. Vacation Camp fee Y INFORMAT inherent risks and I h	s are non-refundable. ION hereby assume all risks and
hazards incident to my [child's] participation in all Ridgewood YMCA, YMCA Camp Bernie activities. I hereby agree to waive and release all claims against and, indemnify and hold harmless, the Ridgewood YMCA, YMCA Camp Bernie, its volunteers, supervisors, officers, directors, trustees, participants, coaches, referees, as well as, organizers of any related event and any persons transporting participants to and from activities that are not on Ridgewood YMCA, YMCA Camp Bernie property from any claims or injury sustained during my [child's] use of the Ridgewood YMCA, YMCA Camp Bernie property, sustained during my use of equipment owned or leased by the Ridgewood YMCA, YMCA Camp Bernie or during my use of equipment or facilities at another property during an event in which the Ridgewood YMCA, YMCA Camp Bernie sponsors or participates.			
Name of Participant:	Name of Parent/Guardian:		
Emergency contact 1: Name:	Phone(s):		
Emergency contact 2: Name:	Phone(s):		
Medications (with instructions in original container)			
Health problems/Histories/Allergies:			
Signature of Parent/Guardian:		Da	ate: