Join Us For Vacation Camp!

December 26th, 27th and 28th at YMCA Camp Bernie



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

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



YMCA CAMP BERNIE VACATION CAMP 2018

Please circle applicable date(s)

December 26th, 27th & 28th

Winter Recess

Camper Name:	M/F:	Grade:	Age
Address:	City:		Zip:
School District:	Parent Email:		
Please use separate form for each child	registered. Payment must be	e made a week in	advance to hold place.
Check all services that apply:			
Vacation Camp \$60 per day Before Care \$15, 7:00 am to After Care \$15, 4:00 pm to	9:00 am		
Advantage School Program Participant	full time (5 days a w		
Payment Information*	Method of Payment**		
\$ Total Charge	[] Cash [] Cho	eck [] Credi	t Card
*if you would like your child to be able to purchase snacks, drinks, or souvenirs in the Trading Post (camp store) please send your child with a small amount of cash in their backpack.	Name on Card Card # Security Code: **Payment is due a week in a	E 	xp
PROGRAM W	/AIVER AND EMERGENCY	INFORMATION	
I understand that certain of the Ridgewood YMCA ards incident to my [child's] participation in all Ridge claims against and, indemnify and hold harmless, to trustees, participants, coaches, referees, as well as activities that are not on Ridgewood YMCA, YMCA Ridgewood YMCA, YMCA Camp Bernie property, so Camp Bernie or during my use of equipment or face Bernie sponsors or participates. Further, I give per	gewood YMCA, YMCA Camp Bernie a he Ridgewood YMCA, YMCA Camp E , organizers of any related event and Camp Bernie property from any clai ustained during my use of equipmen ilities at another property during an	activities. I hereby ago Bernie, its volunteers, d any persons transpo ms or injury sustained t owned or leased by event in which the Ri	ree to waive and release all supervisors, officers, directors, rting participants to and from during my [child's] use of the the Ridgewood YMCA, YMCA dgewood YMCA, YMCA Camp
Name of Participant:	Name of Parent/Guardia	ın:	
Emergency contact 1: Name:	Phone(s):		
Emergency contact 2: Name:	Phone(s):		
Medications (with instructions in original contained)		
Health problems/Histories/Allergies:			
Signature of Parent/Guardian:		[Date: