



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **YMCA Camp Bernie Summer Camp Reunion**

**Nov. 29 - Dec 1, 2013**

### **REGISTRATION FORM**

**REGISTRATION DEADLINE 11/8/13**

**Camper Name:** \_\_\_\_\_ **M/F:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ Summer Camp Winter Reunion **Only \$135 per person!!**

\_\_\_\_\_ Ridgewood Bus Fee **\$50** (Optional round trip service)

\_\_\_\_\_ Trading Post (\$20 recommended)

\_\_\_\_\_ **TOTAL AMOUNT ENCLOSED**

#### **Method of Payment**

☐ Check ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CSC# \_\_\_\_\_

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#### **PLEASE SEND COMPLETED FORM TO:**

**YMCA CAMP BERNIE**

**327 TURKEY TOP RD., PORT MURRAY, NJ 07865**

**OR FAX: 908-832-9078**

**If you should have any questions please contact**

**Julie Jester at 908-832-5315**

**or email at: [jjester@campbernieymca.org](mailto:jjester@campbernieymca.org)**

#### **PERMISSION AND EMERGENCY INFORMATION**

My child \_\_\_\_\_, has permission, and is physically and emotionally able to participate in the Summer Camp Winter Reunion at YMCA Camp Bernie. In case of a medical emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to the physician selected by YMCA Camp Bernie to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I give permission for photographs or videotape of my child to be used for YMCA promotional materials.

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency phone contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medications (**with instructions in original container**) \_\_\_\_\_

Health problems/Histories/Allergies: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_