



Washington

YMCA CAMP BERNIE President's Weekend Vacation Camp

February 12th & 15th, 2010



Lincoln

Camper Name: _____ M/F: _____ Grade: _____ Age _____

Address: _____ City: _____ Zip: _____

School District: _____ Parent Email: _____

Please use separate form for each child registered.

Registrations are due February 5, 2010. Registrations received after this date will be accepted based on availability and will be charged a \$10.00 late fee.

	Friday, February 12th	Monday, February 15th
Before Camp 7 am—9 am, \$15		
Vacation Camp 9 am—4 pm, \$55		
After Camp 4 pm—6 pm, \$15		

Advantage School Program Participants: _____ full time (5 days a week Before or After), \$55 waived
Please check all that apply _____ 2 days a week or more, \$45 Vacation Camp fee

**Please register by Friday, February 5, 2010
Enrollment limited! 10 participant minimum.**

Refunds will only be made available for cancellations prior to February 5th.

Payment Information

Method of Payment

\$ _____ Payment in Full [] Check

\$ _____ Trading Post (\$5 per day recommended) [] Visa [] MasterCard [] American Express

\$ _____ **Total** Card # _____ Exp. _____
Security Code _____

**Limited financial assistance is available.
For confidential financial assistance information contact Chris Kinney, Registrar at (908) 832-5315.**

PERMISSION AND EMERGENCY INFORMATION

My child _____ has permission and is physically and emotionally able to participate in an active Vacation camp(s) program(s) at YMCA Camp Bernie. In case of an 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: _____ Cell: _____

Parent/Guardian Name: _____ Phone: _____ Cell: _____

Emergency phone contact: Name: _____ Phone: _____

Medications (with instructions in original container) _____

Health problems/Histories/Allergies: _____

Signature of Parent/Guardian: _____ Date: _____