



YMCA Camp Bernie

Camper Information Form

Confidential

Parents and Legal Guardians this form is required for your camper's participation. Please return to camp no later than 3 weeks prior to camper's arrival.

The information on this form is used to place your camper in the appropriate cabin group. This form is also used to provide important background information regarding your camper and to give permission to participate in various programs.

If you have any special concerns about this information or about your child, please feel free to call us. As a team, we can better assure your child of a successful experience at camp.

General Information

Camper Name: _____ Date of Birth: ____/____/____

Prefers to be called by what name: _____ Grade In Fall: _____

Is this your child's first overnight camp experience? Yes No

What year is this for your child attending Camp Bernie? 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

Does your child have a friend(s) or relative coming to camp? If yes, please list a few names.

Do you have any specific suggestions that would aid us in your child's transition from home to camp?

Swimming Information

Your child's swimming ability? [] Beginner [] Intermediate [] Advanced

If your child has had YMCA swim lessons, what level did they complete last? (Please circle)

Polliwog Guppy I Guppy II Fish Flying Fish Shark or NA

Do you have any suggestions/concerns regarding your child's swimming experiences? _____

Home Information

With whom does your child live? [] Mother [] Father μ Other:

Please give the names and ages of brothers and sisters: _____

Are the parents Separated, Divorced, Deceased? _____

Are there any serious illnesses or recent deaths in the family? _____

Medical Information

Is your child a bed wetter? (rarely, occasionally, frequently?) _____

If so, how is this handled at home and what suggestions do you have for camp? _____

Please describe any food allergies or dietary restrictions your child may have: _____

Please describe any non-food allergies your child may have: _____

Does your child wear glasses or contact lenses regularly? If so, please list any special instructions?

Personal Information

Briefly describe your child's personality: _____

Describe any fears your child may have (eg. darkness, animals, etc.) _____

Does your child have any learning or behavior difficulties that we should be aware of? (eg. ADD, ADHD, dyslexia, etc.). If so, how is this handled at home or at school? _____

What particular interests does your child have (e.g. arts, sports, nature, etc.)? _____



YMCA Camp Bernie Cabin Mate Request Form

YMCA Camp Bernie is a place for people of all ages to come and meet new friends and re-kindle old friendships made in the past. We also recognize the desires for friends who are coming to camp together, to be in the same cabin. Campers requesting a “Cabin Mate” must mutually submit a copy of this form to YMCA Camp Bernie. **YMCA Camp Bernie will honor one “Cabin Mate” request per camper.**

Cabin Mate requests are considered when making cabin assignments, and every effort is made to accommodate them. Sessions vary with enrollment, campers and their families should know that if a cabin mate request is submitted, and the two campers are a year apart from each other the older camper will be placed in a cabin with younger campers.

I/We as the Parent or Legal Guardian of _____ wish
Name of Camper
to have our camper bunked with _____ during
Name of Camper
session _____.

Signature of Parent or Legal Guardian

Date