



YMCA CAMP BERNIE VACATION CAMP 2016-2017

Please circle applicable date(s)

December 26, 27, 28, 29, 30
Winter Recess

January 16
Martin Luther King Day

February 17, 20
Presidents' Weekend

April 17, 18, 19, 20, 21
Spring 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 made a week in advance to hold place.
Check all services that apply:**

_____ **Vacation Camp** \$55 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), \$55 waived
_____ 2 days a week or more, \$45 Vacation Camp fee (9-4)

Payment Information*

\$ _____ **Total Charge**

*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. We can no longer add this to the vacation camp charge.

Method of Payment**

[] Cash [] Check [] Credit Card

Name on Card _____

Card # _____ **Exp.** _____

Security Code: _____

**Payment is due a week in advance. Vacation Camp fees are non-refundable.

PROGRAM WAIVER AND EMERGENCY INFORMATION

I understand that certain of the Ridgewood YMCA (YMCA Camp Bernie) activities have inherent risks and I 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: _____ **Date:** _____