

YMCA Camp Bernie  
**SUMMER CAMP REUNION REGISTRATION FORM**

**Participant**

First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Birth date\* \_\_\_\_\_ Gender\* \_\_\_ Grade entering in fall\* \_\_\_  
Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State \_\_\_ Zip\* \_\_\_\_\_  
Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_  
Email Address\* \_\_\_\_\_

**Guardian 1**

**Camper lives with this person?** \_\_\_

Salutation \_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\* \_\_\_ Marital Status \_\_\_\_\_ Relation to Camper\* \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address\* \_\_\_\_\_ City\* \_\_\_\_\_ State \_\_\_ Zip\* \_\_\_\_\_  
Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address\* \_\_\_\_\_ Camper can be released to this person? \_\_\_

**Guardian 2**

**Camper lives with this person?** \_\_\_

Salutation \_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\* \_\_\_ Marital Status \_\_\_\_\_ Relation to Camper\* \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address\* \_\_\_\_\_ Camper can be released to this person? \_\_\_

**Emergency Contact**

**Camper lives with this person?** \_\_\_

Salutation \_\_\_\_\_ First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
Gender\* \_\_\_ Marital Status \_\_\_\_\_ Relation to Camper\* \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email Address\* \_\_\_\_\_ Camper can be released to this person? \_\_\_

**Summer Camp Reunion is November 24-26, 2017**

*\*Required fields*

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This will be the camper's \_\_\_\_ year at camp. If 1<sup>st</sup>, who referred you? \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Medication camper will be taking during stay: \_\_\_\_\_

Cabin Mate requests (limit 2): \_\_\_\_\_

**PAYMENT INFORMATION\***

\_\_\_\_\_ Summer Camp Winter Reunion **Only \$175 per person!!**

\_\_\_\_\_ Ridgewood Bus Fee **\$70** (Optional round trip service)

\_\_\_\_\_ Trading Post (\$25 recommended)

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

**YMCA Camp Bernie**  
327 Turkey Top Rd  
Port Murray, NJ 07865  
P: 908-832-5315  
F: 908-832-9078  
[info@campbernieymca.org](mailto:info@campbernieymca.org)

**Method of Payment**

- Check
- Credit Card      \_\_Visa    \_\_MasterCard    \_\_American Express    \_\_Discover

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

Name on Credit Card: \_\_\_\_\_

**Disclaimer Acknowledgement**

My child \_\_\_\_\_, has permission, and is physically and emotionally able to participate in the Summer Camp 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 also give permission for photographs or videotape of my child to be taken and used for YMCA promotional materials.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Registration is due November 17**

*\*Required fields*