



# Outback!



**YMCA Camp Bernie  
Summer Camp  
Reunion 2009**

**Bring a  
friend!**



**Arrive at Camp:**  
Friday, Nov. 27th: 2:00 pm

**Depart from Camp:**  
Sunday, Nov. 29th: 2:00 pm

**Bus Transportation is available  
from and to Ridgewood YMCA**

Depart - Friday, Nov. 27th: 12:30 pm  
Return - Sunday, Nov. 29th: 3:00 pm

Now that the summer is over and school is in full swing, what is there to do for fun??

## **YMCA CAMP BERNIE'S SUMMER CAMP REUNION!!!**

**Enjoy your favorite Camp Bernie activities:**

**Archery, Climbing Tower, Gaga Ball, Arts & Crafts,  
Mountain Bikes, Basketball, Campfires and much, much more!!**

**You'll get the chance to catch up with your camp friends and Bernie staff, and enjoy exciting challenges and activities related to this year's reunion theme: Outback!**



**YMCA Camp Bernie Summer Camp Reunion  
Nov. 27 - Nov. 29, 2009  
REGISTRATION FORM**

**REGISTRATION DEADLINE 11/6/09**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

\_\_\_\_\_ Summer Camp Winter Reunion **Only \$80 per person!!**

\_\_\_\_\_ Ridgewood Bus Fee **\$45** (Optional round trip service)

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

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

**Method of Payment**

Check     Visa     MasterCard     American Express

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

**Limited financial aid is available.**

**For confidential financial assistance information, contact the camp registrar, Chris, at 908-832-5315.**

**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 our Summer Camp registrar,**

**Chris Kinney at 908-832-5315**

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

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