



YMCA CAMP BERNIE ELECTION DAY 2020 November 3rd Drop-in

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 by Friday, October 30th.

Check all services that apply:

_____ **Full Day*** \$40 per day 9:00 am to 6:00 pm
 _____ **Morning Only*** \$25, 7:00 am to 1:00 am
 _____ **Afternoon Only** \$20, 1:00 pm to 6:00 pm

*if your child has remote instruction on this day, please provide us with their class schedule so that we may assist them in signing on to classes.

Payment Information**

Method of Payment***

\$ _____ **Total Charge** [] Cash [] Check [] Credit Card

Name on Card _____

Card # _____ Exp. _____

Security Code: _____

**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.

***Payment is due by 10/30/20. Drop-in 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. Further, I give permission for photographs of my child to be used for YMCA promotional materials.

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:** _____

*YMCA Camp Bernie requires at least ONE emergency contact OTHER than the parent/guardian.