

# HQ Camp Day Pass 2022

Forms received after 6pm Thursday the week prior to the camp are subject to a \$10 walk in/late fee.  
Payment in full is due at registration. No refunds. NO DISCOUNTS APPLICABLE ON DAY PASSES.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Allergies/Special Needs: \_\_\_\_\_

Pick Up Password: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please select: \_\_\_\_\_ HQ Member \$50 \_\_\_\_\_ Nonmember \$65

*(Child must be an active Member to receive Member pricing)*

**Per State Regulations – We cannot process a registration until current immunization records are received**

Children age 3-5 will be registered for Jr Dyno Camp Children age 6-13 will be registered for Camp Dynamite

Please note (next to date(s) needed) if you require the following: BC (Before Care) \$10 - AC (After Care) \$20 - L (Lunch) \$10

Please List Dates Needed:

\_\_\_\_\_  
\_\_\_\_\_

Total Balance Due: \$ \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC., accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## Method of Payment

(PLEASE CIRCLE)

Cash

Check

Credit Card

Member Charge (CC on File)

Account Number \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_