FOR AGES 7-13

(III) Camp **2022 FULL DAY WORKSHEET**

Camper: ___

Age on June 20, 2022:_____

HealthQuest Member: Y / N

NON MEM
\$299
\$299
\$249
\$299
\$299
\$299
\$299
\$299
\$299
\$299
\$299

SECTION B - C	<u>AMP (</u>	OPTION	NS (NO	DISCO	ונ	JNT)
Full Day	OB	BC		AC		S
Camp Options	\$150	\$50/wk	\$50/wk	\$100/wk		\$95/wk
OB						
Includes BC/L/AC						
BC						
Covers 7:30-9am						
(\$10/day if needed)						
AC						
Extend day to 6pm						
(\$20/day if needed)						
S						
Swim Lessons						

SECTION C - SPECIALTY (DISCOUNT ELIGIBLE)				SECTIO)N	I D - (0	ΡΤΙΟ	NS	(NC) DIS	CO	UN	T)	
	Half Day Specialty Camps	CAMP	HQ	NON	Material		ОВ	BC		PM			AC)		S
\checkmark	9AM - 12PM	DATES	MEM	MEM	Fee*		\$250	\$50/	vk \$	\$120/wl	÷\$	50/wk	\$100/	wk	\$95	5/wk
	Diggin for Dinos (6-10 yrs)		\$229	\$259		Γ										
	Slime Lab (6-12 yrs)	June 27-Jul 1	\$229	\$259		Γ										
	Gymnastics (4-12 yrs)		\$229	\$259		Γ										
	LEGO [®] EV3 (6-12 yrs)	July 11-15	\$229	\$259	\$25											
	Cooking Camp (7-12 yrs)		\$229	\$259	\$25											
	Epic Engineering (6-12 yrs)		\$229	\$259												
	Chemical Wiazardry (6-12 yrs)	July 19, 22	\$229	\$259		Γ										
	Ninjastics (4-12 yrs)	July 18-22	\$229	\$259		Γ										
	Squishy Circuits (6-12 yrs)	July 25, 20	\$229	\$259		ſ										
	Science Detectives (6-12 yrs)	July 25-29	\$229	\$259	\$25	Γ										
	Robotic Fun (6-12 yrs)		\$229	\$259												
	Cooking Camp (7-12 yrs)	Aug 1-5	\$229	\$259	\$25											
	Wizard Potions Lab (7-12 yrs)		\$229	\$259												
	LEGO [®] WeDo Robotics (6-12 yrs)	Aug 8-12	\$229	\$259	\$25											
	Gymnastics (4-12 yrs)		\$229	\$259												
	Super Science (6-12 yrs)		\$229	\$259	\$25											
	Cooking Camp (7-12 yrs)	Aug 15-19	\$229	\$259	\$25											
	Doll House Camp (6-10 yrs)		\$229	\$259	\$50											
	Mini Robotics (6-12 yrs)	Aug 22-26	\$229	\$259												
	Future Vet (6-12 yrs)	Aug 22-20	\$229	\$259	\$25											
* N	laterial Fees are not eligible for discount. Mu	st be added to Cam	o Options	Total.					ecialty	/ Camp	Optio	ns				
Ca	Iculate Camp Costs Here	CAMP D	ISCOUNT	rs			C/L/PM/ AC			-			and cover			
	1 Discount Per Camper Only			r Only.	BC Covers		-	for lunch	0	_			onger & c ed for P			ssons
	Section A Total: \$	Not applied to	Camp O	ptions.	MUST be registered for 100 for lunch L S MUST be registered for 100 Indicate choice of INDIVIDUAL DAYS (if FULL week No											
+	Section C Total: \$				Before		re			\$10/d	ay	Afte	er Car	e \$	20/0	
_	Camps Subtotal: \$	X % Disco	unt – ¢		WEEK			1 <u>TU</u>	W	TH	F	M	TU	w	ТН	F
				June 20-Ju			_		$\left \right $				-+		-+	
S	ubtract Discount: \$	Multi-Child			July 5-8	лу	-							+		-+
	New Camp Total: \$		2nd Child: 8% OFF 3rd Child: 10% OFF													
		ora cima	Additional Child: 12% OFF											\square		
+	Section B Total: \$	Multi-Week		July 25-29									\rightarrow			

Aug 1-5

Aug 8-12

Aug 15-19

Aug 22-26

Aug 29-Sept 2

Multi-Week

2-3: 5% OFF

4-5: 8% OFF

6-7: 10% OFF

8+: 12% OFF

= GRAND TOTAL: \$__

+ Section D Total: \$

DEPOSIT OF \$50 PER WEEK REQUIRED.

III Camp Registration & Health History Forms

To register please fill out the Registration form, Health form and Camper Worksheet on reverse side

Registration Form						
	GENERAL HEALTH INFORMATION					
CAMPER'S NAME	Does your child have: (Check all that apply & Complete below)					
/	 J. Food Allergies** J. Dietary Restrictions 					
BIRTH DATE AGE SEX CURRENT HQ MEMBER	 Q 2. Medicine Allergies Q 4. Asthma** 					
PARENT/GUARDIAN NAME	1					
ADDR555	FOOD ALLERGIES – LIST					
ADDRESS						
CITY STATE ZIP	FOOD ALLERGY TREATMENT (MUST SUBMIT AUTORIZATION FORM)					
E-MAIL ADDRESS	MEDICINE ALLERGIES - LIST					
	3 DIETARY RESTRICTIONS					
PARENT 1 - DAYTIME PHONE PARENT 1 - CELL PHONE	DIETARY RESTRICTIONS					
	4ASTHMA TREATMENT (<i>MUST SUBMIT ACTION PLAN</i>)					
PARENT 2 - DAYTIME PHONE PARENT 2 - CELL PHONE	ASTRIMA TREATMENT (MUST SUBMIT ACTION PLAN)					
"PICK-UP PASSWORD"	ANY ADITIONAL INFORMATION WE SHOULD KNOW					
PICK-OF PASSWORD						
	RECENT MEDICAL ATTN / RESTRICTED ACTIVITIES / PHYSICAL LIMITATIONS					
	**Action plans & Authorization forms must be completed if any medication is or may potentially need to be administered at camp					
*** IMPORTANT ***	COMPLETED CAMP WORKSHEET MUST ACCOMPANY THIS FORM					
	DROP OFF OR MAIL TO: HQ CAMP OR EMAIL FORMS TO:					
DUE TO STATE REGULATIONS, WE CANNOT PROCESS A REGISTRATION UNTIL CURRENT IMMUNIZATION IS	C/O PROGRAM DESK CAMP@HQFIT.COM 310 HWY 31 NORTH					
RECEIVED.	FLEMINGTON, NJ 08822					
) I understand that a copy of my child's most recent/up-to-	PAYMENT METHOD (Checks must be for full camp amount #)					
date medical immunization records must be submitted before	AMOUNT: \$ (Deposit of \$50 min. per week of <u>full day camps</u>					
ny registration form can be processed.	required if registering before May 20, 2022. Full amount due for all other camps.)					
EMERGENCY AUTHORIZATION	Enrollment after 6pm the Thursday before the camp week begins is subject to \$5 late fee. Camp changes after registration are subject to \$5 per week switch fee.					
n the event I cannot be reached in an emergency, I hereby give permission to	□ HQ Club Charge (CC on File) Member # □ Card Below:					
he physician selected by the camp director to hospitalize, to secure proper reatment for, and to order injection and/or anesthesia and/or surgery for the						
person named above. This form may be photocopied for use out of camp.	CARDHOLDER'S NAME					
IN CASE OF EMERGENCY INFORMATION						
	CC# EXP DATE					
ALTERNATE EMERGENCY CONTACT PHONE	Your Signature below authorizes collection of final payment. On May 20, 2022,					
	regardless of payment choice above, ALL HQ Members with any <u>outstanding Camp</u> Balance will be automatically charged the remaining amount due as part of the					
NAME OF FAMILY PHYSICIAN PHONE	club's monthly billing using the primary credit card on file. Same credit card provided above will be charged for remaining balance due for Non-Members. I have					
	read & agreed to the terms of the Registration & Refund Policies provided in the camp					
MEDICAL INSURANCE CARRIER POLICY #	brochure. Camp Deposits are Non-Refundable.					
	-					

DATE

SIGNATURE

() Camp FOR AGES 7-13 Camper: ____ 2022 HALF DAY ONLY WORKSHEET Age on June 20, 2022: HealthQuest Member: Y / N SECTION E - CAMP DYNO MORNING SESSION CAMP DYNO MORNING CAMP OPTIONS Need Before Care? **BEFORE CARE** HALF DAY CAMP CAMP NON BC HQ \checkmark 9AM - 12PM DATES MEM \$50/wk covers 7:30-9am \$50/wk M TU W TH F MEM Camp Dyno Week 1 June 20-24 \$150 \$175 Camp Dyno Week 2 June 27-Jul 1 \$150 \$175 July 5-8 \$120 \$140 Camp Dyno Week 3 If FULL Week NOT Needed. Camp Dyno Week 4 July 11-15 \$150 \$175 indicate choice of INDIVIDUAL \$175 Camp Dyno Week 5 July 18-22 \$150 DAYS on the right side. Camp Dyno Week 6 July 25-29 \$150 \$175 \$150 \$175 Camp Dyno Week 7 Aug 1-5 Individuals Days have a fee of \$150 \$175 Camp Dyno Week 8 Aug 8-12 \$10/Day. Camp Dyno Week 9 \$150 \$175 Aug 15-19 Camp Dyno Week 10 Aug 22-26 \$150 \$175 Aug 29-Sep 2 \$150 \$175 Camp Dyno Week 11 E Camp Dyno Morning Camps Total: \$ Camp Options Total: \$ = Section E Total: \$ + SECTION F - CAMP DYNO AFTERNOON SESSION CAMP DYNO AFTERNOON CAMP OPTIONS Select Your **AFTER CARE** HALF DAY CAMP CAMP HQ NON AC S \checkmark 12PM - 3PM MEM **Camp Options** \$50/wk \$100/wk \$95/wk M TU W TH F DATES MEM Camp Dyno Week 1 June 20-24 \$150 \$175 \$150 \$175 June 27-Jul 1 Lunch Option Camp Dyno Week 2 AC Camp Dyno Week 3 July 5-8 \$120 \$140 \$175 Camp Dyno Week 4 July 11-15 \$150 Extend day to 6pm \$20/Day Camp Dyno Week 5 July 18-22 \$150 \$175

F Camp Dyno Afternoon Camps Total: \$ + Camp Options Total: \$_____ **Calculate Camp Costs Here**

July 25-29

Aug 1-5

Aug 8-12

Aug 15-19

Aug 22-26

Aug 29-Sep 2

+ Section E Total: \$

Camp Dyno Week 6

Camp Dyno Week 7

Camp Dyno Week 8

Camp Dyno Week 9

Camp Dyno Week 10 Camp Dyno Week 11

+ Section F Total: \$

= GRAND TOTAL: \$_____

PAYMENT METHOD (Full Amount is Required for Enrollment*)

□ CC Below □ HQ Club Charge □ Check #

(If FULL Week

NOT Needed,

indicate choice of

INDIVIDUAL DAYS

on the right side)

ß

Swim Lessons

Cardholder's Name

CC#

\$150

\$150

\$150

\$150

\$150

\$150

\$175

\$175

\$175

\$175

\$175

\$175

Signature

Exp

= Section F Total: \$

Date

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MEDICAL INSURANCE CARRIER POLICY #	brochure. Camp Deposits are Non-Refundable.					
	-					

DATE

SIGNATURE



HealthQuest Camp Media Consent Form

I hereby give HealthQuest, its employees, and those acting with its authorization the right and permission to copyright, use, and/or publish my photographic images and/or quotes in promotional materials, which include press releases, videos, catalogs, magazines, brochures, information sheets, and the HealthQuest web site.

I hereby waive any right to inspect or approve the finished videos, photographs, advertising copy, or printed matter that may be used in conjunction therewith or to the eventual use that might be applied.

I hereby warrant that I am competent to contract in my own name insofar as the above is concerned.

A parent or guardian must sign the release if the individual photographed is under 18 years of age.

I have read the foregoing release, authorization, and agreement before affixing my signature below, and warrant that I fully understand the contents thereof.

□ I authorize HealthQuest to photograph my child as named below

I I <u>DO NOT</u> authorize HealthQuest to photograph my child as named below

Participant's Name:	
Address:	
City:	Zip Code:
Phone:	
Parent/Guardian Signature(If participal	nt is under 18 years of age.)
I approve to receive text messages/alert	ts/pictures to the phone number listed below:
Cell phone number	
•	hare your experience with others! Dynomite



INDOOR/OUTDOOR POOL - Waiver / Release of Liability

Copies of Swim Liability Waiver must be submitted to Aquatics Director, or HealthQuest representative overseeing the event.

All Swimmers must listen to a brief presentation by a HealthQuest Lifeguard regarding Pool/Slide Rules and Safety Procedures during first visit.

Please read carefully before signing.

This is a release of liability and waiver of certain legal rights. I, _____

the parent/guardian of the participant(s) and/or enrolled participant(s), agree and understand that swimming is a HAZARDOUS activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to paralyzing injuries and death. The participant(s) hereby agrees to participate in the water activities and hereby agrees to indemnify and hold harmless HealthQuest of Hunterdon LLC, its coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant(s) while participating in swim lessons, open swim, lap swimming, water fitness, private party, or other activities HealthQuest of Hunterdon LLC. The participant(s) also agrees to indemnify HealthQuest of Hunterdon LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant(s). The participant(s) authorizes any representative of HealthQuest of Hunterdon LLC to have the participant treated in any medical emergency during their participation in any activity while at HealthQuest LLC. Further, the participant(s) and /or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted below any medical/health problems of which the staff should be aware.

SWIM LEVEL OF THE PARTICIPANT:

Participants NAME: AG	E:
-----------------------	----

- <u>Beginner</u> (Must be able to swim independently with a floatation device on, if not, parent or guardian must accompany the swimmer in the water.)
- <u>Intermediate</u> (Must be able to pass a basic swim test with Lifeguard, floatation device not required)
- <u>Advanced</u> (If under the age of 13, must take part in a basic swim test with Lifeguard)

I give my child permission to choose not to swim on any given day - your child will be required to go to the pool if this is not checked.

If Swimmer "Participant" is deemed "Beginner", the "Participant" must see HealthQuest Lifeguard for a Swim Test, prior to entering the water, to ensure that they are able to navigate the pool free of floating device. If floating device is deemed appropriate, "Participant" must maintain floating device at all times in, or near water. We suggest that Intermediate Swimmers remain in areas of the pool in which their feet are able to maintain contact with the bottom of the pool. Advanced Swimmers should use their best judgement.

By signing, I indicate that I have, read, understand and accept the conditions of this document.

 Emergency Contact Name: ______ Phone: ______

 Signature: _____ Date: ______

MEDICAL/HEALTH ISSUES WE SHOULD BE AWARE OF: