

HQ Camp Registration & Health History Forms

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

Registration Form

CAMPER'S NAME

_____/_____/_____
BIRTH DATE AGE SEX YES NO
CURRENT HQ MEMBER

PARENT/GUARDIAN NAME

ADDRESS

CITY STATE ZIP

E-MAIL ADDRESS

PARENT 1 - DAYTIME PHONE PARENT 1 - CELL PHONE

PARENT 2 - DAYTIME PHONE PARENT 2 - CELL PHONE

"PICK-UP PASSWORD"

***** IMPORTANT *****

DUE TO STATE REGULATIONS, WE CANNOT PROCESS A REGISTRATION UNTIL CURRENT IMMUNIZATION IS RECEIVED.

I understand that a copy of my child's most recent/up-to-date medical immunization records must be submitted before my registration form can be processed.

EMERGENCY AUTHORIZATION

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, to secure proper treatment 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.

IN CASE OF EMERGENCY INFORMATION

ALTERNATE EMERGENCY CONTACT PHONE

NAME OF FAMILY PHYSICIAN PHONE

MEDICAL INSURANCE CARRIER POLICY #

SIGNATURE

DATE

Health Form

(CAMP YEAR)

GENERAL HEALTH INFORMATION

Does your child have: (Check all that apply & Complete below)

1. Food Allergies** 3. Dietary Restrictions
 2. Medicine Allergies 4. Asthma**

1. _____
FOOD ALLERGIES - LIST

1a. _____
FOOD ALLERGY TREATMENT (MUST SUBMIT AUTORIZATION FORM)

2. _____
MEDICINE ALLERGIES - LIST

3. _____
DIETARY RESTRICTIONS

4. _____
ASTHMA TREATMENT (MUST SUBMIT ACTION PLAN)

ANY ADDITIONAL INFORMATION WE SHOULD KNOW

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**

COMPLETED CAMP WORKSHEET MUST ACCOMPANY THIS FORM

DROP OFF OR MAIL TO: HQ CAMP OR EMAIL FORMS TO:
C/O PROGRAM DESK CAMP@HQFIT.COM
310 HWY 31 NORTH
FLEMINGTON, NJ 08822

PAYMENT METHOD (Checks must be for full camp amount # _____)

AMOUNT: \$ _____ (Deposit of \$50 min. per week of full day camps required if registering before May 20, 2022. Full amount due for all other camps.)

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.

HQ Club Charge (CC on File) Member # _____ Card Below:

CARDHOLDER'S NAME

CC# EXP DATE

Your Signature below authorizes collection of final payment. On May 20, 2022, regardless of payment choice above, ALL HQ Members with any **outstanding Camp Balance will be automatically charged the remaining amount due as part of the 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 brochure. Camp Deposits are Non-Refundable.

SIGNATURE

DATE



FOR AGES 7-13

2022 HALF DAY ONLY WORKSHEET

Camper: _____

Age on June 20, 2022: _____ HealthQuest Member: Y / N

SECTION E - CAMP DYNO MORNING SESSION

<input checked="" type="checkbox"/>	HALF DAY CAMP 9AM - 12PM	CAMP DATES	HQ MEM	NON MEM
	Camp Dyno Week 1	June 20-24	\$150	\$175
	Camp Dyno Week 2	June 27-Jul 1	\$150	\$175
	Camp Dyno Week 3	July 5-8	\$120	\$140
	Camp Dyno Week 4	July 11-15	\$150	\$175
	Camp Dyno Week 5	July 18-22	\$150	\$175
	Camp Dyno Week 6	July 25-29	\$150	\$175
	Camp Dyno Week 7	Aug 1-5	\$150	\$175
	Camp Dyno Week 8	Aug 8-12	\$150	\$175
	Camp Dyno Week 9	Aug 15-19	\$150	\$175
	Camp Dyno Week 10	Aug 22-26	\$150	\$175
	Camp Dyno Week 11	Aug 29-Sep 2	\$150	\$175

CAMP DYNO MORNING CAMP OPTIONS

Need Before Care? \$50/wk covers 7:30-9am	BC \$50/wk	BEFORE CARE				
		M	TU	W	TH	F
If FULL Week NOT Needed, indicate choice of INDIVIDUAL DAYS on the right side. Individuals Days have a fee of \$10/Day.						

E Camp Dyno Morning Camps Total: \$ _____ + Camp Options Total: \$ _____ = Section E Total: \$ _____

SECTION F - CAMP DYNO AFTERNOON SESSION

<input checked="" type="checkbox"/>	HALF DAY CAMP 12PM - 3PM	CAMP DATES	HQ MEM	NON MEM
	Camp Dyno Week 1	June 20-24	\$150	\$175
	Camp Dyno Week 2	June 27-Jul 1	\$150	\$175
	Camp Dyno Week 3	July 5-8	\$120	\$140
	Camp Dyno Week 4	July 11-15	\$150	\$175
	Camp Dyno Week 5	July 18-22	\$150	\$175
	Camp Dyno Week 6	July 25-29	\$150	\$175
	Camp Dyno Week 7	Aug 1-5	\$150	\$175
	Camp Dyno Week 8	Aug 8-12	\$150	\$175
	Camp Dyno Week 9	Aug 15-19	\$150	\$175
	Camp Dyno Week 10	Aug 22-26	\$150	\$175
	Camp Dyno Week 11	Aug 29-Sep 2	\$150	\$175

CAMP DYNO AFTERNOON CAMP OPTIONS

Select Your Camp Options	L \$50/wk	AC \$100/wk	S \$95/wk	AFTER CARE				
				M	TU	W	TH	F
L Lunch Option AC Extend day to 6pm \$20/Day (If FULL Week NOT Needed, indicate choice of INDIVIDUAL DAYS on the right side) S Swim Lessons								

F Camp Dyno Afternoon Camps Total: \$ _____ + Camp Options Total: \$ _____ = Section F Total: \$ _____

Calculate Camp Costs Here

+ Section E Total: \$ _____

+ Section F Total: \$ _____

= GRAND TOTAL: \$ _____

PAYMENT METHOD (Full Amount is Required for Enrollment*)

CC Below HQ Club Charge Check # _____

Cardholder's Name _____

CC# _____

Exp _____

Signature _____

Date _____

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SIGNATURE

DATE



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 DO NOT authorize HealthQuest to photograph my child as named below

Participant's Name: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Parent/Guardian Signature _____
(If participant is under 18 years of age.)

I approve to receive text messages/alerts/pictures to the phone number listed below:

Cell phone number _____

Thank you for allowing us to share your experience with others!
Camp 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: _____ AGE: _____

_____ **Beginner** (Must be able to swim independently with a floatation device on, if not, parent or guardian must accompany the swimmer in the water.)

_____ **Intermediate** (Must be able to pass a basic swim test with Lifeguard, floatation device not required)

_____ **Advanced** (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:**