

Camp DynoNite Non-Member Registration Form

Drop Off 5pm - Pick Up 8:45pm

Event Date: _____

Participant's Name: _____ Date of Birth: ___/___/___

Parent/Guardian Name: _____ Cell Phone #: _____

Address: _____

City _____ State _____ Zip _____

Email Address: _____

Allergies _____

This form is for Non-Members Only – Non Member rate is \$30 per child

All Active Members must register via Member Portal.

- 1-3 years – Jr DynoNite
- 4-6 years – Jr DynoNite (eligible for dinner)
- 7-13 years – Regular DynoNite (eligible for dinner)
- Dinner Ages 4 & up (Pizza & Juice) \$9.00

Total to be charged _____

Registration Deadline – 11pm Thursday prior to event date.

***Late Fee** – There is a \$5.00 fee IF late registration is accepted after deadline*

***Cancellation** - There is a \$5.00 fee if cancelled after 12 noon Friday before event date.*

***No-Show** - There is a \$5.00 fee a registered child does not attend.*

***MUST be PRE-REGISTERED for dinner option - No Late Dinner orders will be taken at drop off
Participants have the option to bring their own dinner. 1-3 yrs must eat prior and bring a snack.***

ANY CHANGES/CANCELLATIONS MUST BE MADE VIA EMAIL TO Programdesk@hqfit.com

NO REFUNDS ONCE REGISTERED

RELEASE STATEMENT:

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.

Method of Payment (PLEASE CIRCLE): Cash Check Credit Card Member
Charge (CC on File)

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____