FOR AGES 3-6

2022 FULL DAY WORKSHEET

(III) Camp

Camper: _____

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

SECTION A - JR. DYNOMOS (DISCOUNT	ELIGIE	BLE)
FULL DAY CAMP 9AM - 3PM	CAMP	HQ	NON
✓ Jr. Dynomos (Ages 3-6)	DATES	MEM	MEM
Jr. D Week 1	June 20-24	\$229	\$299
Jr. D Week 2	June 27-Jul 1	\$229	\$299
Jr. D Week 3	July 5-8	\$189	\$249
Jr. D Week 4	July 11-15	\$229	\$299
Jr. D Week 5	July 18-22	\$229	\$299
Jr. D Week 6	July 25-29	\$229	\$299
Jr. D Week 7	Aug 1-5	\$229	\$299
Jr. D Week 8	Aug 8-12	\$229	\$299
Jr. D Week 9	Aug 15-19	\$229	\$299
Jr. D Week 10	Aug 22-26	\$229	\$299
Jr. D Week 11	Aug 29-Sep 2	\$229	\$299

SECTION B - CA	AMP (OPTION	NS (NO	DISCO	DUNT)
Full Day	ОВ	BC	C	AC	S
Camp Options	\$150	\$50/wk	\$50/wk	\$100/wk	\$95/wk
ОВ					
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					

SE	CTION C - SPECIALTY (DIS	COUNT ELIG	iIBLE)		SECTIO	N	D - C/	AMP (OPTIC	NS	(NC	DIS	SCO	UN	Т
	Half Day Specialty Camps	CAMP	HQ	NON	Material		OB	BC	PM		0	A			S
\checkmark		DATES	MEM	MEM	Fee*		\$250	\$50/wk	\$120/w	k \$!	50/wk	\$100	/wk	\$9	-
	Diggin for Dinos (6-10 yrs)		\$229	\$259											_
	Slime Lab (6-12 yrs)	June 27-Jul 1	\$229	\$259											_
	Gymnastics (4-12 yrs)	1	\$229	\$259											_
	LEGO [®] EV3 (6-12 yrs)		\$229	\$259	\$25										_
	Epic Engineering (6-12 yrs)	July 11-15	\$229	\$259											_
	Chemical Wiazardry (6-12 yrs)		\$229	\$259											-
	Ninjastics (4-12 yrs)	July 18-22	\$229	\$259											_
	Squishy Circuits (6-12 yrs)		\$229	\$259											_
	Science Detectives (6-12 yrs)	July 25-29	\$229	\$259	\$25										_
	Robotic Fun (6-12 yrs)	Aug 1-5	, \$229	\$259										F	_
	LEGO [®] WeDo Robotics (6-12 yrs)		\$229	\$259	\$25										-
	Gymnastics (4-12 yrs)	Aug 8-12	\$229	\$259											-
	Super Science (6-12 yrs)		\$229	\$259	\$25										_
	Doll House Camp (6-10 yrs)	Aug 15-19	\$229	\$259	\$50										_
	Mini Robotics (6-12 yrs)		\$229	\$259											
	Future Vet (6-12 yrs)	Aug 22-26	\$229	\$259	\$25										_
ĥ	laterial Fees are not eligible for discount. Mu	st be added to Cam	o Options	Total.		<u> </u>		Specia	Ity Camp	Optic	ons			P	
Ca	alculate Camp Costs Here	CAMP D	ISCOUNT	rs	0B Includes				-		the day a				
	-	1 Discount Per Compose Only			Image: Covers 7:30am- 9am AC Extends the day longer & covers 3-6pm MUST be registered for Image: Covers 3-6pm S MUST be registered for Image: Covers 3-6pm										
	Section A Total: \$	Not applied to	Camp O	ptions.	Indicate c										
+	Section C Total: \$				Before C	are			\$10/c	lay	Afte	er Ca	re s	<u>\$20/</u>	<u>′d</u>
=	Camps Subtotal: \$	X % Disco	ount = \$		WEEK	ne 2	_		V TH	<u> </u>		ΤU	w	н	┢
			June 27-Jul												
	2nd Child: 8% OFF		F	July 5-8				-						\vdash	
	New Camp Total: \$			July 11-15 July 18-22		_	$\left \right $							┢	
+	Section B Total: \$	Additional Child: 12% OFF		July 25-29										Γ	
+	Section D Total: \$		i -Week 5% OFF		- Aug 1-5										É
		•	8% OFF		Aug 8-12 Aug 15-19		_								┢
	GRAND TOTAL: \$	6-7: 1	.0% OFF		Aug 13-19 Aug 22-26										Γ
DE	POSIT OF \$50 PER WEEK REQUIRED.	8+: 1	2% OFF		Aug 29-Sep	t 2									Ē

III Camp Registration & Health History Forms

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

Registration Form	Health Form							
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							
	4 ASTHMA 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

FOR AGES 3-6 Camper:

2022 HALF DAY ONLY WORKSHEET

🕕 Camp

Age on June 20, 2022: <u>H</u>ealthQuest Member: Y / N

HALF DAY CAMP	CAMP	HQ	NON	Select Your	BC		S	BE	FOR	E CA	١R
9AM - 12PM	DATES	MEM	MEM	Camp Options	\$50/wk	\$50/wk	\$95/wk	M	۲U۱	NT	-
Jr. D Week 1	June 20-24	\$150	\$175	BC							
Jr. D Week 2	June 27-Jul 1	\$150	\$175	Covers 7:30-9am							
Jr. D Week 3	July 5-8	\$120	\$140	\$10/Day							
Jr. D Week 4	July 11-15	\$150	\$175	(If FULL Week NOT Needed,							
Jr. D Week 5	July 18-22	\$150	\$175	indicate choice of							
Jr. D Week 6	July 25-29	\$150	\$175	INDIVIDUAL DAYS							
Jr. D Week 7	Aug 1-5	\$150	\$175	on the right side)							
Jr. D Week 8	Aug 8-12	\$150	\$175								
Jr. D Week 9	Aug 15-19	\$150	\$175	Lunch Option							
Jr. D Week 10	Aug 22-26	\$150	\$175	S							
Jr. D Week 11	Aug 29-Sep 2	\$150	\$175	Swim Lessons							
Jr. Dynomos Morning Can	nps Total: \$	+	Camp (Options Total: \$		= Se	ction E T	otal	\$)	
ECTION F - JR. DYNON	10S AFTERNOON	I SESS	SION	JR. DYNOMOS	S AFTE	RNOO	N CAN	1P C	PT	ION	S
HALF DAY CAMP	САМР	HQ	NON	Select Your		AC	S	Α	TEF	R CA	RE
12PM - 3PM	DATES	MEM	MEM	Camp Options	\$50/wk	\$100/wk	\$95/wk	M	۲U	NT	-
Jr. D Week 1	June 20-24	\$150	\$175								
Jr. D Week 2	June 27-Jul 1	\$150	\$175	Lunch Option							
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Jr. D Week 4	July 11-15	\$150	\$175	Extend day to 6pm							
Jr. D Week 5	July 18-22	\$150	\$175	\$20/Day							
Jr. D Week 6	July 25-29	\$150	\$175	(If FULL Week NOT Needed,							
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Jr. D Week 10	Aug 22-26	\$150	\$175	S							
Jr. D Week 11	Aug 29-Sep 2	\$150	\$175	Swim Lessons							
Jr. Dynomos Afternoon Ca	mps Total: \$	+	Camp (Options Total: \$		= Se	ction F T	otal	\$		
alculate Camp Costs H	lere	PAYN	MENT	METHOD (Full An	nount is l	Required	for Enro	llmer	t*)		
+ Section E Total: \$		🗅 СС В	elow 🛛	HQ Club Charge 🏼 C	heck #_						
+ Section F Total: \$		Cardho	lder's Na	ime							
= GRAND TOTAL: \$		CC#							Хр		
		Signatu	Iro						Date		

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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							
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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: