



Day Pass 2024

Forms received after 12 pm Thursday the week prior to the camp are subject to a walk in/late fee of \$10/day or \$25/week.
Payment in full is due at registration. No refunds. NO DISCOUNTS APPLICABLE ON DAY PASSES.
SUBJECT TO AVAILABILITY

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 \$55 _____ Nonmember \$70

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

Per State Regulations—registration can't be processed until current immunization records are received

Children age 3-6 will be registered for Jr Dyno Camp Children age 7-12 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) \$12 - S (swim Lesson) \$25

Please List Dates Needed (**SUBJECT TO AVAILABILITY**):

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: _____



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:



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 _____

Thank you for allowing us to share your experience with others!
Camp Dynamite