HQ kids

2026

UPDATED 07.23.26

AVAILABLE FOR AGES 7-12 ONLY

Day Pass

Registration Packet

(For individual days - not full week enrollment)

Day Pass Camp Options and Information

Initial Camp paperwork will not be accepted without all required documentation:

Child's most recent Immunization Forms, Media Consent, Liability Waiver

Child must be an ACTIVE member of HealthQuest at the time of enrollment for Member Pricing

Registrations are subject to availability and processed on a first come first served basis.

IF Accepted ALL Forms received after 12 pm Thursday the week prior to camp date needed will be charged a walk in/late fee of $10/day or $25/week.

Payment in full is due at registration.

NO DISCOUNTS APPLICABLE ON DAY PASSES.

No Refunds after registration and enrollment is processed

Day Pass enrollment can only be utilized for FULL day Camp (9-3pm)

Option Details / Descriptions

ADD ON OPTIONS KEY / DESCRIPTIONS	
BC	Before Care - 7:30-9am $10/day as needed
L	Lunch $13/day as needed
AC	After Care - 3-6pm $20/day as needed
Swim Lessons	Swim Lessons $32/day Offered Mon-Wed - 30 Minute Lesson

All Children ages 7-12 will be registered with Camp Dynomite

HQ Camp Day Pass 2026

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.
AGES 7-12

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: _____

Please select: _____ $75 Member __$85 Non-Member

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

Per State Regulations–registration can't be processed until current immunization records are receive

Children age 3-6 will be registered for Jr Dyno Camp **Children age 7-12 will be registered for Camp Dynomite**

Please circle (next to date(s) needed) if you require the following:

BC (Before Care) $10/day - L (Lunch) $13/day - AC (After Care) $20/day

_____BC / L / AC _____BC / L / AC _____BC / L / AC _____BC / L / AC

_____BC / L / AC _____BC / L / AC _____BC / L / AC _____BC / L / AC

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 HealthQues of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideratio for HealthQuest of Central Jersey, LLC.,accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwis indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, an associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrar 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 b health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the progran to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicin 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 Credit Card Member Charge (CC on File)

Account Number _____ Exp Date: _____ CVV: _____

Signature: _____ Date: _____

HealthQuest General Liability Form

I, _____the parent/guardian of the registrant, a minor, 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, camps, programs and activities and in consideration for HealthQuest of Central Jersey, LLC. accepting the registrant for its leagues, camps, 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 leagues, camps, programs and activities, 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 registrant is covered by health/accident insurance secured independently.
As parent/guardian of 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. Further, the participant and /or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. This care may be given under whatever conditions necessary to preserve life, limb or well-being of my dependent.

Addendum for Swimming and Gymnastics
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 Gymnastics and Swimming are HAZARDOUS activities. 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. Further, I acknowledge that any activity involving height and motion (such as gymnastics and dance) involve risk of injury, ranging from minor injuries (such as bruises and sprains) to serious or even catastrophic injuries (such as permanent paralysis), or even death. I the parent/guardian, 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, gymnastics lessons, practice, open gym, meets, camps, or other activities HealthQuest of Central Jersey, 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).

Participant's Name: _____

Parent/Guardian Signature _____

HealthQuest General Liability Form

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Participant's Name: _____

Parent/Guardian Signature _____

HEALTHQUEST
FITNESS CLUB

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 Dynomite

HEALTHQUEST
FITNESS CLUB

2026 Camp Dynomite Lunch

Monday

Chicken Fingers, Mozzarella Sticks, Watermelon, Chips, Snacks, Juice

Tuesday

Pizza, Watermelon, Chips, Snacks, Juice

Wednesday

Choice of Chicken Burritos/Bowls/Tacos with Cheese/Black Beans/Rice, Watermelon, Chips, Snacks, Juice

Thursday

Pasta (Macaroni & Cheese, Buttered Noodles, Penne Vodka), Watermelon, Chips, Snacks, Juice

Friday

Pizza, Watermelon, Chips, Snacks, Juice, KONA ICE!!

**lunch options subject to change*

HQ Camp

Name _____

Thank you for choosing HealthQuest, we look forward to seeing your children this summer!

Please submit all applicable Camp Worksheets and Required (*) paperwork to the Program Des

Camp Paperwork Checklist

- ❑ All Applicable Camp Worksheets*
  - ❑ Full Day Camp Worksheet – full weeks only
  - ❑ ½ Day Camp Worksheet- Jr Dynos – full weeks only
  - ❑ Specialty Camp Worksheet – full weeks only
  - ❑ Day Pass Registration form (all dates/options/password/allergy info noted)
- ❑ Camp Calculations Page
- ❑ **Registration and Health Form***
- ❑ **HealthQuest Media Consent Form***
- ❑ **Camp General Liability Form***
- ❑ **Most Recent Immunizations*** (*Must accompany initial forms for enrollment to be accepted*)
- ❑ Asthma Action Plan / EpiPen (*if applicable*)

Should you have additional questions about specific items/camps please contact:

Camp Dynomite and Specialty Camp — Candace Bunnell, bunnell@hqfit.com

Jr Dynomite — Colleen Sellers, sellers@hqfit.com

Camp Enrollment and Processing — Tracy StClair, programdesk@hqfit.com