



# Day Pass

# Registration Packet

(FOR INDIVIDUAL DAYS - NOT FULL WEEK ENPOLLMENT)

### **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, Swim 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)

NOT applicable for 1/2day camp

All 3 yr old campers MUST be FULLY potty trained to attend camp

### **Option Details / Descriptions**



All Children ages 3-6yrs will be registered with Jr. Dyno Camp All Children ages 7-12 will be registered with Camp Dynomite

Specialty Camps CANNOT be selected for Day Pass as they are FULL week enrollment ONLY



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 refunds. NO DISCOUNTS APPLICABLE ON DAY PASSES.

SUBJECT TO AVAILABILITY

Child's Name:		DOB: A	ge: 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:			
Plea		er \$70 Nonmember ber to receive Member pricing)	\$80
		ed without a copy of your on tions (will only need to be s	
I, the parent/guardian of the registrant, of Central Jersey, LLC., its affiliated orga for HealthQuest of Central Jersey, LLC. indemnify HealthQuest of Central Jersey associated personnel, including the own as a result of the registrant's actions. health/accident insurance secured indepto be transported for emergency medical or Doctor of Dentistry. This care may be	Please List Dates Needed (SU)  Total Balance Due: \$  a minor, or an adult registrant of legalization and sponsors. Recognizing the accepting the registrant for its leaguey, LLC., its officers, coaches, manager hers of the fields and facilities utilized in a firm that the registrant is in so coendently. As parent/guardian or the call care. I hereby authorize consent for the given under whatever conditions needed.	I age, agree that the registrant and I will be possibility of physical injury associated programs and activities, I hereby relies, referees, its affiliated organizations a for the league program, against any claim und physical and healthy condition ar registrant, I hereby give my permission emergency medical care prescribed by excessary to preserve life, limb or well be	I abide by the rules of HealthQuest d with leagues and in consideration ease, discharge, and/or otherwise nd sponsors, their employees, and m by or on behalf of the registrant at that the athlete is covered by for the participant of the program a duly licensed Doctor of Medicine eing of my dependent.
Parent Signature		Date_	
	Method of	Payment	
Cook	(PLEASE (		F.1. \
Cash	Credit Card	Member Charge (CC	on File)
Account Number		Exp Date:	CVV:
Signature:		Date:	<u> </u>
			Updated 1/30/25



### **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.

lacksquare I authorize HealthQuest to photograph	my child as named below
☐ I <u>DO NOT</u> authorize HealthQuest to pho	otograph 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



### 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.

including but not limited to paralyzing injuries and in the water activities and hereby agrees to indemnits coaches, instructors, directors, agents and emplithat may occur to the participant(s) while participa fitness, private party, or other activities HealthQue indemnify HealthQuest of Hunterdon LLC for any daction or cause of action by the participant(s). The HealthQuest of Hunterdon LLC to have the participarticipation in any activity while at HealthQuest Ll parent/guardian agree to pay all costs associated varicipant. I have noted below any medical/health	prolled participant(s), agree and understand that at there are risks inherent in the sport of swimming, death. The participant(s) hereby agrees to participate if y and hold harmless HealthQuest of Hunterdon LLC loyees against any liability resulting from any injury ting in swim lessons, open swim, lap swimming, wate st of Hunterdon LLC. The participant(s) also agrees to amages incurred arising from any claims, demand, participant(s) authorizes any representative of ant treated in any medical emergency during their LC. Further, the participant(s) and /or with medical care and transportation for the
SWIM LEVEL OF THE PARTICIPANT:	
Participants NAME:	AGE:
Beginner (Must be able to swim independer guardian must accompany the swimmer in	ntly with a floatation device on, if not, parent or the water.)
<u>Intermediate</u> (Must be able to pass a basic s required)	swim test with Lifeguard, floatation device not
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 s to go to the pool if this is not checked.	swim on any given day - your child will be required
Swim Test, prior to entering the water, to ensure the device. If floating device is deemed appropriate, "P	e "Participant" must see HealthQuest Lifeguard for a at they are able to navigate the pool free of floating articipant" must maintain floating device at all times immers remain in areas of the pool in which their feet pool. Advanced Swimmers should use their best
By signing, I indicate that I have, read, understa	and and accept the conditions of this document.
Emergency Contact Name:	Phone:
Signature:	Date:
Signature	Date





## 2025 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!!



B. I.	
Name	

programdesk@hqfit.com

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

Please submit all applicable Required (\*) paperwork to the Program Desk

\*Required paperwork is only needed with initial enrollment\*

### **Camp Paperwork Checklist**

	Day Pass Camp Worksheet		All Dates needed are noted
			Options needed are noted
			Password & allergy information completed
	HealthQuest Media Consent Form*		
	Swim Waiver*		
	Most Recent Immunizations* (Must ac	com	pany initial forms for enrollment to be accepted)
	Asthma Action Plan / EpiPen (if application)	ble)	
	Should you have additional questions (	abou	ut specific items/camps please contact:
3-6	yr Old Camp Dynomite		Stacy Reasoner
			<u>reasoner@hqfit.com</u>
7.40	2 Company its and Conscipling Comm		Candace Bunnell
/-12	2yr Camp Dynomite and Specialty Camp	15	bunnell@hqfit.com
Cam	np Enrollment and Processing		Tracy StClair



# Summer 2025 Camps at a Glance

Specie	eci	alty Camps 9-12pn PM Extension	Specialty Camps 9-12pm (**unless otherwise noted) PM Extension available		Jr & Dyno Camps see below for options
Jr & Camp Dyr	Jr & Camp Dyr	TO ONLY .	Jr & Camp Dyno ONLY - No Specialty Camp		
Drones & Rocketry Science & Al 7-12 years		Art	Girls Gymnastics 4-12 years	Princess Camp 4-7 years	
HOLIDAY WEEK Jr & Camp Dyno ONLY - No Camp Friday July 4th - No Specialty Camp	Dyno ONLY - No	HOLIDAY WEEK Camp Friday Ju	WEEK day July 4th - No Specialty	Camp	
Minibot & Battlebots Robotic Fun 6-12 years	Exploring with F 5-9 years	Robots	Cooking Camp 7-12 years		Camp Dyno 7-12 years
LEGO Building & Diggin for Dinos Machines 6-12 years	Diggin for Di 4-6 years	sonic S	Girls Gymnastics 4-12 years **12-3pm	Superhero 4-7 years	3-6 years Camp Options Available all
Chemical Wizardry Science Explorers 6-12 years	Science Explo 4-6 years	rers	Baking Camp 7-12 years		Ē
Arts, Crafts & 3D Design Young Engineers 6-12 years		rs	Cooking Camp 7-12 years		Full Day Camp 9-3pm 1/2 Day AM
Drones & Rocketry Science & Art 7-12 years	Science & Art 4-6 years		Girls Gymnastics 4-12 years	Princess Camp 4-7 years	Camp
Minibot & Battlebots Exploring with Robots	Exploring with Ro	bots	Girls Gymnastics 4-12 years	Baking Camp	1/2 Day PM Camp 12-3pm
6-12 years 5-9 years	5-9 years		Ninjastics 4-12 years	7-12 years	
LEGO Building & Diggin for Dinos Machines 4-6 years	Diggin for Dinc 4-6 years	SC	Cooking & Baking Camp 7-12 years		
Chemical Wizardry Science Explorers 6-12 years	Science Explore 4-6 years	ers	Princess Camp 4-7 years		

HealthQuest Fitness Club 310 Hwy 31 North - Flemington NJ camp@hqfit.com - 908-782-4009 ext 234

Camp Add On Options Include: Before Care (7:30-9am), Lunch, After Care (3-6pm) PM Extention for Specialty Camps (12-3pm)