



# Musical Theater Camp

at HealthQuest

August 17-21

Ages 7-12

9:00 am - 3:00pm

\$495.00

Space is Limited



**HEALTHQUEST**  
FITNESS CLUB

# Musical Theater Summer Camp

If Accepted ALL Forms received after 12 pm Thursday the week prior to camp date needed will be charged a walk in/late fee \$25/week.  
Payment in full is due at registration. No refunds. **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: \_\_\_\_\_

**August 17-21, 2026    Ages 7-12yrs    \$495.00    Full Day Camp 9:00am-3:00pm**

## Select additional options below

Before Care \$10/day/\$50/wk (7:30-9am)  
M / T / W / TH / F

Lunch \$13/day/\$65/wk  
M / T / W / TH / F

Aftercare \$20/day/\$100/wk (3-6pm)  
M / T / W / TH / F

Options Bundle \$185  
Full Week Only

Total Balance Due: \$ \_\_\_\_\_

## **THIS CAMP IS NOT ELIGIBLE FOR ANY DISCOUNTS**

**Initial Registration forms will NOT be accepted without a copy of your child's most recent immunization records, as Per State Regulations (will only need to be submitted once)**

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

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 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**

## 2026 Camp Dynamite 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*