

RWJ RAHWAY  
FITNESS & WELLNESS CENTER  
at  
CARTERET

Camper's Last Name

## Summer Camp 2020

# REGISTRATION PACKET

PLEASE FILL OUT ALL FORMS IN THIS PACKET AND  
SUBMIT THEM TOGETHER, ALONG WITH PAYMENT.  
THANK YOU.

☐ PRIVATE PAY **OR** ☐ CCS

### **PART A: COMPLETE *ONE PER FAMILY***

- ☐ REGISTRATION FORM
- ☐ PAYMENT RECEIPT
- ☐ MEDIA WAIVER
- ☐ SICK POLICY
- ☐ PICK UP POLICY
- ☐ MEAL PROGRAM

### FAQ'S

### ☐ **PART B: COMPLETE *ONE PER CAMPER***

- ☐ MEDICAL HISTORY
- ☐ IMMUNIZATION RECORDS
- ☐ MEDICAL RELEASE, WAIVER OF LIABILITY AND  
PERMISSION TO RESPOND TO MINORS FORM,  
PHYSICIAN STATEMENT + CLEARANCE FORM
- ☐ FAXED ☐ RECEIVED

\_\_\_\_\_  
RECEIVED BY

CARTERET  
Summer Camp 2020

REGISTRATION FORM

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (AS OF SEPT. 2020): \_\_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (AS OF SEPT. 2020): \_\_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (AS OF SEPT. 2020): \_\_\_\_\_

Camper Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (AS OF SEPT. 2020): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home/Work Phone #: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Home/Work Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

RWJ RAHWAY  
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PART A

# Summer Camp 2020

## PAYMENT OPTIONS

**CAMP TIMES:** Full-Day: 9:00am - 3:00pm Half Day: 9:00am - 12:00pm or 12:00pm - 3:00pm  
Before Care: 7:00am - 9:00am After Care: 3:00pm - 6:30pm

### EARLY BIRD PHASE I PRICING

*Early Bird Phase I camp pricing only available to campers that sign up by 4/10/2020.*

#### FULL DAY

- ☐ **\$150 per week**  
Sign up for a minimum of two weeks at a time.
- ☐ **\$160 per week**  
Sign up for one week at a time.

#### HALF DAY

- ☐ **\$80 per week**  
Sign up for a minimum of two weeks at a time.
- ☐ **\$85 per week**  
Sign up for one week at a time.

### EARLY BIRD PHASE II PRICING

*Early Bird Phase II camp pricing only available to campers that sign up by 5/16/2020.*

#### FULL DAY

- ☐ **\$175 per week**  
Sign up for a minimum of two weeks at a time.
- ☐ **\$185 per week**  
Sign up for one week at a time.

#### HALF DAY

- ☐ **\$90 per week**  
Sign up for a minimum of two weeks at a time.
- ☐ **\$95 per week**  
Sign up for one week at a time.

### SUMMER PRICING

#### FULL DAY

- ☐ **\$200 per week**

#### HALF DAY

- ☐ **\$105 per week**

### CAMP PRICING: (PER WEEK)

Before Care: \$30  
After Care: \$50

## PAYMENT TERMS

### FINANCIAL POLICY

In order to receive the Early Bird Phase I and Early Bird Phase II savings all fees must be paid in full by June 1, 2020. There are no additional discounts that can be applied to Early Bird Phase I and Early Bird Phase II Pricing. All payments for the week must be received prior to the week your child is enrolled or the child will not be permitted to attend the session. There is a \$10 fee for a credit card decline and a \$15 fee for a returned check.

### CANCELLATION POLICY

If you need to cancel your child's enrollment, cancellations must be made in writing and submitted to the camp office by June 15, 2020 in order to receive a full refund. Cancellations after this date will be in the form of a credit to be used towards another program. There are no allowances given for late arrival, early dismissal, vacation or illness. Please be aware that changes may effect your early bird discount. We are not responsible for lost or stolen items.

**I understand RWJ Rahway Fitness & Wellness Center at Carteret's Summer Camp Cancellation and Payment policies. I authorize RWJ Rahway Fitness & Wellness Center at Carteret to charge my credit card for any outstanding or additional bookings.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

RWJ RAHWAY  
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PART A

# Summer Camp 2020

**CAMP TIMES:** Full-Day: 9:00am - 3:00pm Half Day: 9:00am - 12:00pm or 12:00pm - 3:00pm  
Before Care: 7:00am - 9:00am After Care: 3:00pm - 6:30pm

**WEEKS ATTENDING (CHECK ALL THAT APPLY):**

- ☐ **WEEK 1 | June 29 - July 3 | Camping in the 20s**  
Welcoming back our campers while welcoming our new decade!
- ☐ **WEEK 2 | July 6 - July 10 (no camp July 4) | Music Through the Years**  
We will be playing songs from previous decades throughout our activities.
- ☐ **WEEK 3 | July 13 - July 17 | How Does That Work?**  
Discovery, taking things apart, putting them together and helping our camper's understand the workings of a variety of concepts and items.
- ☐ **WEEK 4 | July 20 - July 24 | Explore & Design**  
This week will be dedicated to creating, building, decorating age appropriate projects
- ☐ **WEEK 5 | July 27 - July 31 | Olympics**  
As the world watches the best athletes compete, we will dabble in different sports and enjoy the competitive nature of the season.
- ☐ **WEEK 6 | August 3 - August 7 | The Spotlight is on You!**  
Talent show week! Our in-house talent show is an annual favorite for campers and staff.
- ☐ **WEEK 7 | August 10 - August 14 | A Rainbow of Colors**  
Campers will wear something representing the color of their group as well as participate in activities to earn points. On Friday, the winning group will receive a prize.
- ☐ **WEEK 8 | August 17 - August 21 | Game Time**  
Time for our camper's to use those minds and see how well we can do at TV game shows!
- ☐ **WEEK 9 | August 24 - August 28 | Mystery Week**  
Guessing, solving puzzles, treasure hunts and more!!
- ☐ **WEEK 10 | August 31 - September 4 | Campers' Favorites**  
Each group will work with their counselor to decide on their favorite camp activities for a chance to create their own week!

Swim: Monday -Thursday | Obstacle Courses and Special Events: Friday

**PAYMENT (Circle One)**

- ☐ Full-Day ☐ Half-Day
- ☐ Early Bird Phase I Pricing ☐ Early Bird Phase II Pricing ☐ Summer Pricing

Number of weeks: \_\_\_\_ x Price per week: \$ \_\_\_\_ = \$ \_\_\_\_

(Min. \$50 deposit per week, required to secure enrollment)

+ Before Care \_\_\_\_ x \$30.00 = \_\_\_\_ (IF APPLICABLE) Anticipated Drop-Off Time: \_\_\_\_\_

+ After Care \_\_\_\_ x \$50.00 = \_\_\_\_ (IF APPLICABLE) Anticipated Pick-Up Time: \_\_\_\_\_

☐ CCS APPROVED (STAFF ONLY: CCS CO-PAY: \_\_\_\_\_) ☐ CCS PENDING (STAFF ONLY: CCS CO-PAY: \_\_\_\_\_)

☐ **PRIVATE PAY**

(10% discount applied to summer pricing that is paid in full for four weeks or more.  
Cannot be combined with early bird pricing.)

**CAMPER NAME(S):** \_\_\_\_\_

**TOTAL AMOUNT: \$** \_\_\_\_\_ **PER CHILD** \_\_\_\_\_ **Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Payment:** Cash \_\_\_\_\_ Check # \_\_\_\_\_ Charge: \_\_\_\_\_ **Payment Arrangement:** \_\_\_\_\_

**Charge type (Circle One):** VISA MC AMEX DISCOVER Only available till 6/1/2020

RWJ RAHWAY  
FITNESS & WELLNESS CENTER  
*at*  
CARTERET  
**Summer Camp 2020**

PAYMENT ARRANGEMENT

*Only available until 6/1/2020*

**\*\*PLEASE READ THE FOLLOWING GUIDELINES CAREFULLY\*\***

1. Must agree on a payment schedule with Member Services Manager or Camp Director.
2. Balance must be paid in full by the date agreed on by both parties.
3. All agreements and payments must be rendered as per the payment schedule.
4. Early Bird Phase I and II discounts will be forfeited as of June 1, 2020 for balances that are not paid in full.

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Barcode ID#: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day): \_\_\_\_\_ Phone (Evening): \_\_\_\_\_

Email: \_\_\_\_\_

**PAYMENT PLAN**

Form of payments (Circle One):    VISA    MC    AMEX    DISCOVER

Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ Initial Payment: \$ \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

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Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

Payment Date: \_\_\_\_\_ Amount of payment: \_\_\_\_\_

**I HEREBY AGREE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ABOVE:**

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

RWJ RAHWAY  
FITNESS & WELLNESS CENTER  
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PART A

# Summer Camp 2020

## MEDIA WAIVER

THIS IS AN IMPORTANT LEGAL DOCUMENT. PLEASE READ CAREFULLY.

THIS AGREEMENT AND MEDIA WAIVER/RELEASE ("Agreement and Release") is by the party signing below (herein referred to as the "Releasor") and is given to Robert Wood Johnson Fitness & Wellness Center (Hamilton), Robert Wood Johnson Fitness & Wellness Center (New Brunswick), Robert Wood Johnson Fitness & Wellness Center (Parlin), RWJ Rahway Fitness & Wellness Center, RWJ Rahway Fitness & Wellness Center at Carteret, Princeton Fitness & Wellness, Princeton Fitness & Wellness at Plainsboro, CentraState Fitness & Wellness Center, HackensackUMC Fitness & Wellness Powered by the Giants, Main Line Health Fitness & Wellness Center, RWJBarnabas Health including but not limited to: Robert Wood Johnson University Hospital Hamilton, Robert Wood Johnson University Hospital New Brunswick, Robert Wood Johnson University Hospital Rahway, Princeton HealthCare System, CentraState Medical Center, Main Line Health, Hackensack Meridian Health including but not limited to: Hackensack University Medical Center, the New York Giants, the owners and operators of the facilities, their subsidiaries, affiliates, divisions, and their officers, agents, board members, employees, staff, sponsors, promoters, vendors, agents, legal representatives, administrators, assigns, heirs, and executors, (collectively as "Releasees"). Releasor grants to Releasees as "Publishers" and those for whom the Releasees are acting and those acting with the Releasees' authority and permission, (collectively as "Publisher's Affiliates") including, without limitation, advertising, promotion and production agencies, and their respective transferees and assigns, the absolute right and permission to make, reproduce, broadcast or otherwise use Releasor's name and likeness, any photographs, films, videos, recordings, or other depictions or images in whatever form or media of Releasor and/or other information or materials provided by Releasor throughout the universe and in any and all advertising and promotion materials, in any manner or media whatsoever for purposes of art, advertising, editorial, trade or promotion or any other purpose whatsoever. The rights herein granted to Publisher and Publisher's Affiliates shall also accrue to those that may hereafter acquire these rights from them. It is acknowledged and agreed that Releasor shall have no right of approval, and no claim to any compensation or a claim arising out of the use, alteration or distortion of Releasor's name, photograph, likeness or other information or materials provided. Releasor consents for himself/herself, his/her spouse, legal representatives, heirs, assigns and subrogors, not to sue, and agrees to release, waive and forever discharge Publishers and Publisher's Affiliates from any and all claims, suits, demands, actions or rights of actions, of whatever kind, either in law or equity. Where Releasor is signing this Agreement and Release on behalf of a minor (whether or not such minor is Releasor's child), Releasor gives permission to use the child's name and likeness for any promotional use.

LIST ALL CAMPERS NAME

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PARENT/GUARDIAN'S SIGNATURE

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PARENT/GUARDIAN'S NAME PRINTED

DATE

CARTERET  
Summer Camp 2020

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**SICK CHILD POLICY**

**SICK CHILDREN MUST BE KEPT AT HOME!**

If your child is ill, vomiting and/or running a fever, including but not limited to experiencing symptoms for pink eye or lice, please allow **24 - 48 hours** from the time the child feels better or is placed on an antibiotic before returning.

If any staff members notice any signs or symptoms of illness, you will be notified immediately and required to pick up your child from the facility.

PLEASE SIGN BELOW INDICATING THAT YOU ARE AWARE OF  
AND FULLY UNDERSTAND THE "SICK CHILD POLICY."

THANK YOU FOR YOUR COOPERATION.

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PARENT/GUARDIAN'S SIGNATURE

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PARENT/GUARDIAN'S NAME PRINTED

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DATE

Camper's Name

Camper's Group Assignment

(For Staff Use Only)

RWJ RAHWAY  
FITNESS & WELLNESS CENTER

at

CARTERET  
Summer Camp 2020

PART A

## PICK UP POLICY

PLEASE LIST AUTHORIZED ADULTS TO PICK UP YOUR CHILD FROM CAMP.

**WE WILL NOT RELEASE ANY CAMPER TO ANY ADULT NOT LISTED.  
ANYONE PICKING UP, WILL BE ASKED TO SHOW A PHOTO I.D.**

\_\_\_\_\_  
AUTHORIZED ADULT

\_\_\_\_\_  
AUTHORIZED ADULT

\_\_\_\_\_  
AUTHORIZED ADULT

\_\_\_\_\_  
AUTHORIZED ADULT

\_\_\_\_\_  
DATE



RWJ RAHWAY  
FITNESS & WELLNESS CENTER  
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CARTERET

PART A

## Summer Camp 2020

### MEAL PROGRAM

MEAL PROGRAM RUNS FROM JULY 1 - AUGUST 31.

PARENTS ARE RESPONSIBLE FOR MEALS OUTSIDE THIS TIME-FRAME.

#### BREAKFAST (AVAILABLE FOR BEFORE CARE ONLY)

- ☐ My child is registered for before care and will be participating in the free daily breakfast program.

If your child is not attending before care but will need breakfast please inform the Camp Director.

Breakfast and Lunch does NOT begin until July 1 and runs until August 31. Breakfast is done at 9AM.

#### LUNCH (PLEASE SELECT IF APPLICABLE)

- ☐ My child will not be participating in the free daily lunch program.

There are no vegetarian, vegan or kosher options available for lunch. Please send from home.

Lunch does NOT begin until July 1 and runs until August 31.

## FOOD ALLERGIES & DIETARY RESTRICTIONS

PLEASE LIST ALL FOOD ALLERGIES & DIETARY RESTRICTIONS BELOW

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IS THERE ANYTHING YOU CAN TELL US THAT WOULD PROVIDE A BETTER EXPERIENCE FOR YOUR CHILD? (Examples: afraid of the water due to a traumatic incident, trouble making friends, etc.)

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# CARTERET Summer Camp 2020

## FAQ

### WHAT SHOULD MY CHILD WEAR TO CAMP?

Campers should wear a bathing suit under clothes, sunscreen\*, shorts, t-shirts, socks & sneakers; Sunglasses are optional. All items need to be labeled with your child's name. The RWJ Rahway Fitness & Wellness Center at Carteret is not responsible for lost or stolen items. \*Please apply any needed sunscreen at home so your child is protected before the camp day starts.

### WHAT SHOULD MY CHILD BRING TO CAMP?

Campers should bring in a "camp bag," water bottle, towel, flip flops, bagged lunch (if your child is not participating in the daily meal program) and a healthy snack.

### SHOULD I PACK A LUNCH & SNACK?

Please provide your child with a healthy brown bag lunch (no microwave is available) & a small snack if your child is not participating in the daily meal program. Lunches or snacks will not be refrigerated so pack your child's lunch & snack appropriately. Lunch cannot be purchased on-site. If your child is not enrolled in the meal program and you do not send lunch daily, a \$5 fee per day will be assessed and a lunch will be provided. **PLEASE NOTE: ALL FOOD ITEMS MUST BE NUT & TREE NUT ALLERGEN FREE.**

### WHAT IF I CANNOT PICK MY CHILD UP BY 3:00 PM OR NEED TO DROP OFF BEFORE 9:00 AM?

Please indicate on your registration form if you will not be able to pick your child up by 3:00 pm or need to drop off before 9:00 am. We offer before and after care programs for an additional fee. We also offer swim lessons for any parents interested in signing their children up to participate after summer camp. Please see the reception desk for more details and registration forms or contact our Aquatics Director, Kathleen Carmona at Kathleen Carmona at [kathleenc@fitnessandwellness.org](mailto:kathleenc@fitnessandwellness.org).

### HOW OLD DOES MY CHILD NEED TO BE TO ATTEND SUMMER CAMP?

Ages 3 to 14 years of age. Younger children must be potty trained.

### WILL MY CHILD BE SWIMMING DURING SUMMER CAMP?

Yes, Monday through Thursday. We have set aside time each day, except for Fridays, for your child to swim. Fridays are planned for special events that may require a bathing suit. Please send your children to Summer Camp with the appropriate swimming gear (ie. Towel, **US Coast Guard certified** Life Vest, bathing suit, goggles, swimming cap-if needed, etc.)

### WHAT ARE THE AGE GROUPS FOR SUMMER CAMP?

Age groups are determined by registration and grouped by upcoming school year.

### WHAT IF MY CHILD NEEDS MEDICATION DURING SUMMER CAMP?

The camp will secure the medication and provide it as prescribed. Any medication for your child needs to be in the original bottle with the prescription label attached.

### CAN I SIGN UP THE DAY OF CAMP?

Pre-registration is required.

### CAN MY CHILD SWIM IN THE DEEP END OF THE POOL?

All campers will have a swim test to determine their swim level and if they will be permitted to swim in the deep water.

### IS THERE A LOST & FOUND IF MY CHILD LOSES ANY OF THEIR PERSONAL ITEMS?

We have a lost & found located in the church lobby of the facility. We are not responsible for lost or stolen items.

### WHAT IS YOUR REFUND POLICY?

See payment page

### HOW DO I GET A DISCOUNT? (MAY ONLY CHOOSE ONE)

See payment page

### CAN I SEND MY CHILD WITH THEIR IPAD, CELL PHONE, TABLET, ETC.?

Use of electronics of any kind is discouraged. Electronics will be taken away by the camp director and returned to the parent at pick-up.

### MORE QUESTIONS? WHO TO ASK? Camp Director: Amy Stackhouse, 732.541.2333, [amys@fitnessandwellness.org](mailto:amys@fitnessandwellness.org)

CARTERET  
Summer Camp 2020

MEDICAL HISTORY

First Name	Last Name	Date	
Street Address	City	State	Zip
Gender	Date of Birth	Age	Phone
Physician's Name	Specialty	Phone	Fax

EMERGENCY CONTACT INFORMATION

Name	Relationship	Phone
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PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

- ☐ YES ☐ NO Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by your doctor?
- ☐ YES ☐ NO Do you feel pain in your chest when you do physical activity?
- ☐ YES ☐ NO In the past month, have you had chest pain when you were not doing physical activity?
- ☐ YES ☐ NO Do you lose your balance because of dizziness or do you ever lose consciousness?
- ☐ YES ☐ NO Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- ☐ YES ☐ NO Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
- ☐ YES ☐ NO Do you know of any other reason why you should not do physical activity?
- ☐ YES ☐ NO Do you have asthma?

If any of the above are checked YES, the camper must provide a medical clearance form to enroll in camp.

# CARTERET Summer Camp 2020

## MEDICAL HISTORY

CARDIAC DIAGNOSIS / TREATMENT	YES	NO	DATE	COMMENTS
Heart murmur				
Mitral valve prolapse				
Irregular heart beats (rapid, extra, skipped)				
Do you have a family history of heart disease, pulmonary disease, stroke, hypertension, diabetes?				

METABOLIC DIAGNOSIS / TREATMENT	YES	NO	DATE	COMMENTS
Thyroid Disease				
Diabetes Type I: _____ Type II: _____				
Kidney disease				
Anemia / any blood clotting condition				
Symptoms				
Leg / Foot pain or any swelling				

ORTHOPEDIC DIAGNOSIS / TREATMENT	YES	NO	DATE	COMMENTS
Risk factors				
Bone or joint pain that restricts you from engaging in physical activity, or any orthopedic condition				
Any back pain / discomfort / condition (lower back, mid back, or neck area)				

MISC DIAGNOSIS / TREATMENT	YES	NO	DATE	COMMENTS
Respiratory/lung problems (asthma, exercise-induced asthma, chronic bronchitis, allergies, sleep apnea)				
Epilepsy / seizures / convulsions				
Hyperactivity / ADD / ADHD				
Frequent ear infections				
Operations / injuries				
Chronic illness				
Food allergies				
Allergies to medication				
Allergies to bee stings				
Dietary allergies				

If the parent checked "yes" for any diagnoses or symptoms, or has three or more risk factors the member must have the Medical Clearance form completed by their physician and be scheduled 1st with a nurse for medical screening.

Date of last Physical Exam: \_\_\_\_\_

CARTERET  
Summer Camp 2020

MEDICAL HISTORY

List current medications (prescriptions and over the counter) – if none write “none”

MEDICATION	DOSE	X A DAY	REASON

MEDICATION ALLERGIES: \_\_\_\_\_

STAFF USE ONLY

- ☐ Camper cleared to exercise. Received medical clearance with no restrictions.

Initials: \_\_\_\_\_ Clearance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Cleared to exercise with restriction of \_\_\_\_\_  
\_\_\_\_\_

Initials: \_\_\_\_\_ Clearance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- ☐ Not cleared to exercise at this time.

Reason: \_\_\_\_\_

Date clearance received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Initials: \_\_\_\_\_ Clearance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Camper/Guardian Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_

Nurses/Trainers: All documentation must be dated and signed.

- ☐ Copy of immunization records.

Initials: \_\_\_\_\_ Received Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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PART B

## Summer Camp 2020

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# MEDICAL RELEASE / WAIVER OF LIABILITY & PERMISSION TO RESPOND TO MINORS

Camper Name: \_\_\_\_\_

(Parent/Guardian)\_\_\_\_\_ hereby represents that he/she has no knowledge of any physical conditions which would render his/her child \_\_\_\_\_ unable to participate in the camp program. Parent/Guardian further represents and promises that in the event he/she is physically unable to participate in the camp program, he/she will immediately notify the camp counselor in writing of same.

The undersigned camper waives, releases and relinquishes any and all claims for liability and causes of action, including personal injury, property damage or wrongful death against the RWJ Rahway Fitness & Wellness Center at Carteret, it's employees, owners, officers, counselors, instructors, assistants, affiliate associations and agents, occurring to camper, arising out of the camper's participation in the facility's camp program.

Camper (and camper's parent(s)/guardian(s), if applicable) understand and acknowledge that the camp program's activities are inherently dangerous activities, which can result in serious physical and/or emotional injury, disability or death, and damages may arise therefrom, and that the camper (and camper's parent(s)/guardian(s), if applicable) has/have full knowledge of these risks. By registering for the camp program at RWJ Rahway Fitness & Wellness Center at Carteret, the undersigned camper (and the parent(s) or legal guardian(s) of camper, if applicable) explicitly consent to such dangerous activity and assume any and all risks and liability whatsoever arising from or in connection with the camp program and activities offered by, through and in association with the camp program as offered by RWJ Rahway Fitness & Wellness Center at Carteret

I understand that RWJ Rahway Fitness & Wellness Center at Carteret reserves the right to refuse the application of any individual based upon the individual's prior violation of any rule or regulation of RWJ Rahway Fitness & Wellness Center at Carteret including but not limited to past outstanding balance or any past conduct, which in the opinion of Management is detrimental to the welfare, good order, and the character of the Center and its Members.

In case of an emergency or incident, I (parent/guardian's name)\_\_\_\_\_ give permission to the staff of the RWJ Rahway Fitness & Wellness Center at Carteret to evaluate, respond to and notify the Emergency Medical Services (EMS) if needed for (child's name)\_\_\_\_\_, until such time as a parent can be notified and/or arrive at our facility.

I am the Parent/Legal Guardian of \_\_\_\_\_. I have read and understand the above waiver, release and informed consent agreement in its entirety. I understand that I give up certain rights by voluntarily signing it and I nevertheless agree to be bound by its terms and give my consent for my child/ward to participate knowing all of the foregoing.

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Parent or Guardian Name  
PRINT PLEASE

---

Parent or Guardian Signature

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Date

RWJ RAHWAY  
FITNESS & WELLNESS CENTER  
at  
CARTERET

PART B

## Summer Camp 2020

# PHYSICIAN STATEMENT + CLEARANCE FORM

Dear Doctor \_\_\_\_\_,

We are pleased to inform you that your patient \_\_\_\_\_ has decided to participate in the RWJ Rahway Fitness & Wellness Center at Carteret camp program. We ask that you kindly complete the form and **RETURN IT TO YOUR PATIENT OR FAX TO: 732.541.2968 AT YOUR EARLIEST CONVENIENCE.**

At the RWJ Rahway Fitness & Wellness Center at Carteret, our camper's safety is our primary concern. For that reason, we ask that medical clearance be obtained for anyone under 18 years of age, and anyone with a history of or are currently being treated for any disease, condition, illness or injury that may impair your patient's ability to participate in camp.

When your patient receives this release it will enable them to begin their camp program without delay. We thank you for your input and if you have any questions concerning our program, please do not hesitate to call our Nursing or Receptionist.

- ☐ I concur with my patient's participation with no restrictions.
- ☐ I concur with my patients participation with the following restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ☐ I do not concur with my patient's participation in a supervised camp program (if checked your patient will not be allowed to participate in our camp program until cleared by a physician.)

**Reason:** \_\_\_\_\_

PHYSICIAN'S NAME (PRINT) \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby give my permission to release any pertinent information from any medical records to the staff of the RWJ Rahway Fitness & Wellness Center at Carteret.

Camper/Patient Name \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

We will also accept a copy of the 2020 - 2021 school year medical clearance form.