



**REGISTRATION PACKET**

Camper's Last Name

# SUMMER CAMP 2021

**JUNE 28 – AUGUST 27, 2021**

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
- ☐ Pricing & Schedule
- ☐ Payment and Terms & Conditions
- ☐ Media Release Agreement & Waiver
- ☐ Sick Child 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

**FOR STAFF  
USE ONLY**

Recorded By

EMPLOYEE NAME

EMPLOYEE SIGNATURE

DATE



# REGISTRATION FORM

## CAMPER(S) INFORMATION

CAMPER'S NAME	/ / D.O.B.	AGE	GENDER	GRADE (AS OF SEPT 2021)
CAMPER'S NAME	/ / D.O.B.	AGE	GENDER	GRADE (AS OF SEPT 2021)
CAMPER'S NAME	/ / D.O.B.	AGE	GENDER	GRADE (AS OF SEPT 2021)
CAMPER'S NAME	/ / D.O.B.	AGE	GENDER	GRADE (AS OF SEPT 2021)
ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP CODE
MOBILE PHONE	ALTERNATIVE PHONE			

## PARENT/GUARDIAN INFORMATION

NAME	RELATIONSHIP	MOBILE PHONE	ALTERNATIVE PHONE
EMAIL ADDRESS			
NAME	RELATIONSHIP	MOBILE PHONE	ALTERNATIVE PHONE
EMAIL ADDRESS			

## EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	MOBILE PHONE	ALTERNATIVE PHONE
NAME	RELATIONSHIP	MOBILE PHONE	ALTERNATIVE PHONE



## PRICING & SCHEDULE

### CAMP TIMES

FULL-DAY: 9:00am–3:00pm

HALF-DAY: 9:00am–12:00pm -or- 12:00pm–3:00pm

### ADDITIONAL SERVICES TIMES

BEFORE CARE: 7:30am–9:00am

AFTER CARE: 3:00pm–6:00pm

### EARLY BIRD PRICING

Early Bird camp pricing is only available to campers that sign up by 5/21/2021.

#### 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

### ADDITIONAL SERVICES PRICING

#### BEFORE CARE

☐ \$50 per week

#### AFTER CARE

☐ \$100 per week

### WEEKS ATTENDING (CHECK ALL THAT APPLY)

JUNE 28 – AUGUST 27, 2021

MONDAY–THURSDAY: SWIM | FRIDAY: SPECIAL EVENTS

☐ WEEK 1 | June 28<sup>th</sup>–July 2<sup>nd</sup>

**THEME: Welcome to Summer Camp!**

Welcoming back our campers, having fun and making new friends!

☐ WEEK 2 | July 5<sup>th</sup>–July 9<sup>th</sup>

**THEME: Music Through the Years**

We will be playing songs from previous decades throughout our activities.

☐ WEEK 3 | July 12<sup>th</sup>–July 16<sup>th</sup>

**THEME: 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 19<sup>th</sup>–July 23<sup>rd</sup>

**THEME: Explore & Design**

This week will be dedicated to creating, building, decorating age appropriate projects.

☐ WEEK 5 | July 26<sup>th</sup>–July 30<sup>th</sup>

**THEME: 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 2<sup>nd</sup>–August 6<sup>th</sup>

**THEME: The Spotlight is on You!**

Talent show week! Our in-house talent show is an annual favorite for campers and staff.

☐ WEEK 7 | August 9<sup>th</sup>–August 13<sup>th</sup>

**THEME: 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 16<sup>th</sup>–August 20<sup>th</sup>

**THEME: Game Time**

Time for our campers to use those minds and see how well we can do at TV game shows!

☐ WEEK 9 | August 23<sup>rd</sup>–August 27<sup>th</sup>

**THEME: Campers' Favorites**

Each group will work with their counselor to decide on their favorite camp activities for a chance to create their own week!



## REGISTRATION PACKET

### PART A

# PAYMENT AND TERMS & CONDITIONS

## PAYMENT

### CAMP OPTION (CIRCLE ONE)

☐ Full-Day ☐ Half-Day ☐ Early Bird Pricing ☐ Summer Pricing

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

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

☐ + Before Care \_\_\_\_\_ x \$50.00 = \_\_\_\_\_ (IF APPLICABLE) Anticipated Drop-Off Time: \_\_\_\_\_ AM/PM

☐ + After Care \_\_\_\_\_ x \$100.00 = \_\_\_\_\_ (IF APPLICABLE) Anticipated Pick-Up Time: \_\_\_\_\_ AM/PM

### Reminder!

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.

## PAYMENT OPTION

☐ 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.)

☐ Cash ☐ Check # \_\_\_\_\_ ☐ Charge (Circle One)  
VISA MC AMEX DISCOVER ☐ Payment Arrangement  
(Only available until 6/1/2021)

PRINTED NAME OF CAMPER(S)

# OF CAMPERS

\$

\$

/ /

TOTAL AMOUNT

TOTAL AMOUNT PER CHILD

PARENT/GUARDIAN SIGNATURE

DATE

## PAYMENT TERMS & CONDITIONS

### FINANCIAL POLICY

In order to receive the Early Bird savings all fees must be paid in full by **June 1, 2021**. There are no additional discounts that can be applied to Early Bird 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, 2021** 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 PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE

FOR STAFF USE ONLY

PAID IN FULL DATE

EMPLOYEE INITIALS



# PAYMENT ARRANGEMENT

(Only available until 6/1/2021)

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

1. Signee 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 discounts will be forfeited as of June 1, 2021 for balances that are not paid in full.

## PERSONAL INFORMATION

CAMPER'S NAME		/ /	D.O.B.	AGE	BARCODE ID#
CAMPER'S NAME		/ /	D.O.B.	AGE	BARCODE ID#
PARENT/GUARDIAN NAME			RELATIONSHIP		
ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP CODE	
EMAIL ADDRESS		MOBILE PHONE	ALTERNATIVE PHONE		

## PAYMENT PLAN

FOR STAFF USE ONLY

/ /	PAID IN FULL DATE
	EMPLOYEE INITIALS

FORM OF PAYMENT (CHECK ONE) ☐ VISA ☐ MC ☐ AMEX ☐ DISCOVER

CARD NUMBER	/ /	EXPIRATION	\$	TOTAL AMOUNT DUE	\$	INITIAL PAYMENT	/ /	DATE
#1	/ /	\$	#4	/ /	\$	#7	/ /	\$
NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT						
#2	/ /	\$	#5	/ /	\$	#8	/ /	\$
NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT						
#3	/ /	\$	#6	/ /	\$	#9	/ /	\$
NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT	NO. PAYMENT DATE AMOUNT OF PAYMENT						

I HEREBY AGREE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ABOVE.

PARENT/GUARDIAN PRINTED NAME	PARENT/GUARDIAN SIGNATURE	/ /	DATE
APPROVED BY PRINTED NAME	APPROVED BY SIGNATURE	/ /	DATE



# MEDIA RELEASE AGREEMENT & 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, Lourdes Health and Fitness, LLC, 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, Lourdes Hospital, 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 CAMPER'S NAMES

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT/GUARDIAN PRINTED NAME \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_



**FOR STAFF USE ONLY**

Camper's Name

## SICK CHILD POLICY

### SICK CHILDREN MUST BE KEPT AT HOME!

Additionally, if your child is ill, vomiting, and/or running a fever, including but not limited to experiencing pink eye symptoms or lice, please allow **24-48 hours** from the time the child feels better or is placed on an antibiotic before returning. Notwithstanding the forgoing, in the event your child is experiencing any symptoms associated with Sars-Covid-2, your child must quarantine, and comply with CDC/Dept of Health guidelines before returning to camp.

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," AND YOU HAVE READ  
AND REVIEWED OUR COVID-19 SUMMER CAMP RESOURCE HUB AT:

<https://rwjfitnesscarteret.com/summer-camp/>

THANK YOU FOR YOUR COOPERATION.

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**REGISTRATION PACKET**

**PART A**

**FOR STAFF USE ONLY**

Camper's Name

Camper's Group Assignment

**PICK UP POLICY**

PLEASE LIST THE NAMES OF ALL ADULTS AUTHORIZED TO  
PICK UP YOUR CHILD FROM CAMP BELOW.

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

\_\_\_\_\_  
AUTHORIZED ADULT'S PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
AUTHORIZED ADULT'S PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
AUTHORIZED ADULT'S PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
AUTHORIZED ADULT'S PRINTED NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE      /      /





## MEAL PROGRAM

THE MEAL PROGRAM RUNS FROM JUNE 28–AUGUST 27, 2021

(PARENTS ARE RESPONSIBLE FOR MEALS OUTSIDE THIS TIME-FRAME.)

BREAKFAST AND LUNCH DOES NOT BEGIN UNTIL JULY 1<sup>ST</sup> AND RUNS UNTIL AUGUST 27<sup>TH</sup>.

### **BREAKFAST** (*Available for Before Care ONLY*)

☐ My child is registered for Before Care and will be participating in the free daily breakfast program.

Breakfast is done at 9:00am.

*If your child is not attending Before Care but will need breakfast please inform the Camp Director.*

### **LUNCH** (*Please select if applicable*)

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

The vegetarian option is a cheese sandwich. There is no vegan or kosher option available for lunch.  
Please send from home.

☐ My child will need the vegetarian option.

## FOOD ALLERGIES & DIETARY RESTRICTIONS

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.)

FOR STAFF  
USE ONLY

CAMPER'S NAME

D.O.B.

AGE

PARENT/GUARDIAN LAST NAME



## REGISTRATION PACKET

### FAQs

#### WHAT SHOULD MY CHILD WEAR TO CAMP?

Campers should wear a bathing suit under clothes, sunscreen\*, shorts, t-shirts, socks and sneakers, and a face mask; 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, change of clothes, extra face mask, bagged lunch (if your child is not participating in the daily meal program), and a healthy snack. "Camp bag" needs to be labeled with your child's name.

#### 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 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 3:00pm or need to drop off before 9:00am. 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, Rosemarie Brigande, at [rosemarieb@fitnessandwellness.org](mailto:rosemarieb@fitnessandwellness.org).

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

All campers must be between 5 to 14 years of age.

#### WILL MY CHILD BE SWIMMING DURING 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 the 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 ON THE DAY OF CAMP?

Pre-registration to camp is required.

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

All campers will undergo a swim test to determine their swim level and if they are permitted to swim in the deep end.

#### 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. The RWJ Rahway Fitness & Wellness Center at Carteret is not responsible for lost or stolen items.

#### WHAT IS YOUR REFUND POLICY?

See **Payment and Terms & Conditions** page.

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

See **Payment and Terms & Conditions** page.

#### HAVE ADDITIONAL QUESTIONS?

Contact:

Phone: 732.541.2333

Email: [cscarteretrwj@fitnessandwellness.org](mailto:cscarteretrwj@fitnessandwellness.org)



Camper's Name

## MEDICAL HISTORY

### PERSONAL INFORMATION

FIRST NAME	LAST NAME	D.O.B.	AGE	GENDER
ADDRESS LINE 1	ADDRESS LINE 2	CITY	STATE	ZIP CODE
EMAIL ADDRESS	MOBILE PHONE	ALTERNATIVE PHONE		

### PHYSICIAN INFORMATION

PHYSICIAN'S NAME	SPECIALTY	PHONE	FAX
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### EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	MOBILE PHONE	ALTERNATIVE 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 the parent/guardian has checked "yes" to any of the above, the camper must have the Medical Clearance form completed by their physician in order to enroll in camp.



Camper's Name

## 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/guardian has checked "yes" for any diagnoses or noted three or more risk factors, the camper must have the Medical Clearance form completed by their physician and a medical screening completed by the nurse in order to enroll in camp.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE OF LAST PHYSICAL EXAM      NAME OF PHYSICIAN      PHONE




Camper's Name

## MEDICAL HISTORY

List current medications (over-the-counter and prescription medicines) – if none write “none”

MEDICATION	DOSE	X A DAY	REASON

### MEDICATION ALLERGIES

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### FOR STAFF USE ONLY

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

/  /   
 CLEARANCE DATE      EMPLOYEE INITIALS

☐ Camper **IS** cleared to exercise **WITH RESTRICTION(S)** of:

/  /   
 CLEARANCE DATE      EMPLOYEE INITIALS

☐ Camper **IS NOT** cleared to exercise at this time.

Reason:

/  /        /  /       AM/PM  
 DATE NON-CLEARANCE      EMPLOYEE INITIALS      DATE PARENT/GUARDIAN NOTIFIED      TIME

☐ Camper **IS NOW** cleared to exercise.

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

/  /   
 CLEARANCE DATE      EMPLOYEE INITIALS

☐ Received copies of immunization records.

/  /   
 DATE RECEIVED      EMPLOYEE INITIALS



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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
CAMPER'S NAME D.O.B. AGE

(Parent/Guardian's name) \_\_\_\_\_ hereby represents that they/themself has no knowledge of any physical conditions which would render their child (child's name) \_\_\_\_\_ unable to participate in the camp program. Parent/Guardian further represents and promises that in the event their child is physically unable to participate in the camp program, they/themself 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 (child's name) \_\_\_\_\_. 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME PARENT/GUARDIAN SIGNATURE DATE



## 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 PRINTED NAME

\_\_\_\_\_  
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'S NAME

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
AGE

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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