



REGISTRATION PACKET

Camper's Last Name

SUMMER CAMP 2022

JUNE 27 – AUGUST 26, 2022

Please fill out all forms in this packet and submit them together, along with payment.

Thank you.

PART A: COMPLETE ONE PER FAMILY

- | | |
|---|--|
| <input type="checkbox"/> Registration Form | <input type="checkbox"/> Sick Child Policy |
| <input type="checkbox"/> Pricing & Schedule | <input type="checkbox"/> Pick Up Policy |
| <input type="checkbox"/> Payment and Terms & Conditions | <input type="checkbox"/> Meal Program |
| <input type="checkbox"/> Media Release Agreement & Waiver | |

FAQ'S

FAQ AND SAFETY PRACTICES & PROTOCOLS

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

Must be submitted before June 15, 2022. If only participating week-by-week, Part B must be submitted before or at the start of the camp week. Campers will not be able to participate if Part B is not submitted by the dates outlined.

☐ PRIVATE PAY **OR** ☐ CCS

**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 2022) _____

CAMPER'S NAME _____ D.O.B. / / AGE _____ GENDER _____ GRADE (AS OF SEPT 2022) _____

CAMPER'S NAME _____ D.O.B. / / AGE _____ GENDER _____ GRADE (AS OF SEPT 2022) _____

CAMPER'S NAME _____ D.O.B. / / AGE _____ GENDER _____ GRADE (AS OF SEPT 2022) _____

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

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 Pricing: Cannot be combined with other offers. 25% deposit per week, required to hold discounted rate, and all fees must be paid in full by June 1, 2022. Discounts will be forfeited as of June 1, 2022, for balances not paid in full and regular pricing of \$225 per week will be applied. Must sign up by April 1, 2022, for Phase I savings and May 21, 2022, for Phase II savings.

PHASE I - Sign-Up by April 1st

FULL-DAY

☐ \$185 per week

[Special pricing for Week 2 (July 5th-8th): \$155 per week]

HALF-DAY

☐ \$95 per week

[Special pricing for Week 2 (July 5th-8th): \$80 per week]

PHASE II - Sign-Up by May 21st

FULL-DAY

☐ \$200 per week

[Special pricing for Week 2 (July 5th-8th): \$170 per week]

HALF-DAY

☐ \$105 per week

[Special pricing for Week 2 (July 5th-8th): \$90 per week]

No Camp on Monday, July 4th

SUMMER PRICING**

** All fees must be paid in full before the start of camp. If paying weekly, all fees must be paid in full before the start of each week. Campers will not be able to participate for the week if fees are not paid in full at the start of each week.

FULL-DAY

☐ \$225 per week

[Special pricing for Week 2 (July 5th-8th): \$200 per week]

HALF-DAY

☐ \$120 per week

[Special pricing for Week 2 (July 5th-8th): \$105 per week]

ADDITIONAL SERVICES PRICING

BEFORE CARE

☐ \$50 per week

AFTER CARE

☐ \$100 per week

No Camp on Monday, July 4th

HAVE QUESTIONS ON PRICING?

Please contact the Reception Desk for more information

Phone: 732.541.2333

Email: cscartertrwj@fitnessandwellness.org



WEEKLY CAMP SCHEDULE

WEEKS ATTENDING (CHECK ALL THAT APPLY)

JUNE 27 – AUGUST 26, 2022

MONDAY–THURSDAY: SWIM | FRIDAY: SPECIAL EVENTS

☐ **WEEK 1 | June 27th–July 1st**

THEME: Welcome to Summer Camp!

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

☐ **WEEK 2 | July 5th–July 8th**

No Camp on Monday, July 4th

THEME: Music Through the Years

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

☐ **WEEK 3 | July 11th–July 15th**

THEME: How Does That Work?

Discovery, taking things apart, putting them together, and helping our campers understand the workings of various concepts and items.

☐ **WEEK 4 | July 18th–July 22nd**

THEME: Explore & Design

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

☐ **WEEK 5 | July 25th–July 29th**

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 1st–August 5th**

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 8th–August 12th**

THEME: A Rainbow of Colors

Campers will wear something representing the color of their group and participate in activities to earn points. On Friday, the winning group will receive a prize.

☐ **WEEK 8 | August 15th–August 19th**

THEME: Game Time

Let's do a TV Game Show! Time for our campers to use their minds and see how well we can do!

☐ **WEEK 9 | August 22nd–August 26th**

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!

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.)



PAYMENT AND TERMS & CONDITIONS

PAYMENT

CAMP OPTION (CIRCLE ONE)

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

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

(Min. 25% 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

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 by June 1 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 6/1/2022)

PRINTED NAME OF CAMPER(S)

OF CAMPERS

\$

\$

/ /

TOTAL AMOUNT

TOTAL AMOUNT PER CHILD

PARENT/GUARDIAN SIGNATURE

DATE

PAYMENT TERMS & CONDITIONS

CANCELLATION POLICY

If you need to cancel your child's enrollment, cancellations must be made in writing and emailed to cscartertrwj@fitnessandwellness.org by June 15, 2022, in order to receive a full refund. Cancellations after this date will be reviewed on a case-by-case basis. There are no allowances given for late arrival, early dismissal, vacation, discipline issues, or illness. Please be aware that changes may affect your early bird discount. We are not responsible for lost items or stolen items.

FINANCIAL POLICY

In order to receive the Early Bird savings, a 25% deposit per week is required to hold the discounted rate, and all fees must be paid in full by June 1, 2022. There are no additional discounts that can be applied to Early Bird Pricing. All payments for the week attending must be received before 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.

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 6/1/2022)

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

1. Signer Must agree on a payment schedule with Member Services Manager
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, 2022, 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
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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, 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, including but not limited to its 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, and 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 foregoing, 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.
WHOEVER IS PICKING UP, WILL BE ASKED TO SHOW A PHOTO IDENTIFICATION.**

AUTHORIZED ADULT'S PRINTED NAME

RELATIONSHIP

PHONE

AUTHORIZED ADULT'S PRINTED NAME

RELATIONSHIP

PHONE

AUTHORIZED ADULT'S PRINTED NAME

RELATIONSHIP

PHONE

AUTHORIZED ADULT'S PRINTED NAME

RELATIONSHIP

PHONE

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE / /



MEAL PROGRAM

THE MEAL PROGRAM RUNS FROM JULY 1–AUGUST 26, 2022

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

BREAKFAST AND LUNCH IS SCHEDULED TO BEGIN ON JULY 1ST AND RUNS UNTIL AUGUST 26TH
PLEASE SEND YOUR CHILD WITH LUNCH FROM JUNE 27TH THROUGH JUNE 30TH

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 be participating in the free daily lunch program.

☐ My child will need the vegetarian option. *(There is no vegan or kosher options available for lunch)*

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

FOOD ALLERGIES & DIETARY RESTRICTIONS

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, 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 to protect your child before the camp day starts.*

WHAT SHOULD MY CHILD BRING TO CAMP?

Campers should bring in a "camp bag," a water bottle labeled with their name on it, spray-on sunscreen, towel, flip flops, change of clothes, a sweatshirt/jacket, a 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 AND 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 CAN NOT PICK MY CHILD UP BY 3:00PM OR NEED TO DROP OFF BEFORE 9:00AM?

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.

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

All campers must be between the ages of 5 to 14 years old.

WILL MY CHILD BE SWIMMING DURING CAMP?

Yes. Monday through Thursday, we have set aside time each day for your child to swim. Fridays are planned for special events, and some special events may require a bathing suit. Please send your children to Summer Camp each day with the appropriate swimming gear [i.e., Towel, **US Coast Guard certified** Life Vest (optional), bathing suit, goggles, swim 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** section on page 5.

HOW DO I GET A DISCOUNT?

See **Payment and Terms & Conditions** section on page 5.

HAVE ADDITIONAL QUESTIONS?

Please contact the Reception Desk for more information

Phone: 732.541.2333

Email: cscarteretrwj@fitnessandwellness.org



FAQ AND SAFETY PRACTICES & PROTOCOLS

SUMMER CAMP 2022 FAQ & SAFETY

WHAT IS THE MASK POLICY?

As of right now, we do NOT expect masks to be required. We will confirm once the State of New Jersey announces its Summer Camp 2022 regulations. We ask that you please send one face mask in your child's "camp bag."

WE WILL PRACTICE FIXED OR ASSIGNED GROUPS AT CAMP.

Campers will be assigned to a specific Camp Group. The Camp Director will ensure that designated groups include the same campers and staff each day to the maximum extent possible.

CAMP ACTIVITIES AND THE USE OF EQUIPMENT BY CAMPERS.

Staff will sanitize all sports equipment, playgrounds, and other specialized equipment before and after each group's use. Regular hand washing and hand sanitizing will be encouraged throughout the day and after activities using the equipment.

SAFETY PRACTICES & PROTOCOLS

THE FOLLOWING ARE THE SAFETY PRECAUTIONS THAT WILL TAKE PLACE THIS SUMMER:

- Campers will frequently wash hands throughout the day, after each activity, and before eating.
- We will be spending as much time as possible outdoors. Please make sure your child brings spray-on sunscreen and a water bottle labeled with your child's name on it. *Please see the **FAQs** Page for more information on what to bring to camp.*
- Medical grade, EPA-registered disinfectants (which are documented as highly effective against COVID-19) complete with fungicides, mildew stat, and virucide will be used for continuous sanitizing and cleaning at camp.
- We have increased the number of hand sanitizing stations and antiviral wipe stations throughout the camp. All stations are clearly marked with signage.
- Everyone is requested to practice good hand hygiene by washing or sanitizing hands regularly, avoiding touching the face, and performing proper respiratory etiquette when coughing or sneezing.



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 any 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

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: _____

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

☐ 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/themselves 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 2021-2022 school year medical clearance form.