



REGISTRATION PACKET

Camper's Last Name

Summer Camp 2026

June 29 to August 21, 2026

Please fill out all forms in this packet and submit them together, along with payment. *Thank you.*
 For children ages 4 to 11 years.

PART A: COMPLETE ONE PER FAMILY.....Pg2

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

PART B: COMPLETE ONE PER CAMPER.....Pg12

- Physical* (**mandatory per State code*)
- Immunization Records* (**mandatory per State code*)
- Medical Release
- Waiver Of Liability and Permission To Respond To Minors Form
- Physician Statement

Forms must be submitted before June 12, 2026. 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.

FAQ'S.....Pg17

FAQ AND SAFETY PRACTICES & PROTOCOLS.....Pg18

REMIND APP.....Pg19

PRIVATE PAY **OR** CCS

**FOR STAFF
 USE ONLY**

Recorded By _____ / /
 EMPLOYEE NAME EMPLOYEE SIGNATURE DATE



Registration Form

For children ages 4 to 11 years.

CAMPER(S) INFORMATION

_____/_____/_____
CAMPER'S NAME D.O.B. AGE GENDER GRADE (AS OF SEPT 2026) SHIRT SIZE

_____/_____/_____
CAMPER'S NAME D.O.B. AGE GENDER GRADE (AS OF SEPT 2026) SHIRT SIZE

_____/_____/_____
CAMPER'S NAME D.O.B. AGE GENDER GRADE (AS OF SEPT 2026) SHIRT SIZE

_____/_____/_____
CAMPER'S NAME D.O.B. AGE GENDER GRADE (AS OF SEPT 2026) SHIRT SIZE

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

JUNE 29 – AUGUST 21, 2026 | *No Camp on Friday, July 3.*

SUMMER CAMP PRICING

EARLY BIRD PRICING*

Sign up by May 22, 2026.

\$299 per week

[Special pricing for Week 1 (June 29–July 2): \$239 per week]

No Camp on Friday, July 3.

* Early Bird Pricing cannot be combined with other offers. A 50% deposit per week is required to hold discounted rate, and all fees must be paid in full by June 12, 2026. Discounts will be forfeited as of June 12, 2026 for balances not paid in full and regular pricing of \$340 per week will be applied. Must sign up by May 22, 2026 for Early Bird Pricing.

*sign up early
to receive
discounts and
incentives!*

SUMMER CAMP PRICING**

Sign up on May 23, 2026 or after.

\$340 per week

[Special pricing for Week 1 (June 29–July 2): \$272 per week]

**Additional child(ren) registered receive a 10% discount.
Must be registered at time of first child registration.†**

No Camp on Friday, July 3.

** All fees must be paid in full before the start of each week for anyone using the payment plan option. Campers will not be able to participate for the week if fees are not paid in full at the start of each week.

† The 10% discount for additional child(ren) cannot be used on Early Bird Pricing. Additional child(ren) must be registered at the same time of first child registration.

OPTIONAL SERVICES PRICING

ADDITIONAL HOURS SERVICES

BEFORE CARE | 7:30am–9:00am

\$50 per week

AFTER CARE | 3:00pm–6:00pm

\$50 per week

Please Note: *Additional Services including Before and After Care are not CCS eligible and must be paid out-of-pocket.*

OFF-SITE FIELD TRIPS‡

I'm interested

I'm not interested

Our off-site field trips for Summer Camp offer campers a chance to explore, learn, and have fun outside of the camp's premises. Under the supervision of qualified staff members, carefully selected destinations provide diverse experiences and opportunities for campers to engage in interactive exhibits, recreational games, and team-building exercises.

‡ Please note that participation in the off-site field trips for Summer Camp is subject to availability and will be on a first-come-first-served basis. There may be limited spots available for each trip due to transportation and venue constraints. Field Trips will be an additional fee.

Please Note: *The off-site field trips are not CCS eligible and must be paid out-of-pocket.*

SUMMER CAMP SCHEDULE

MONDAY - FRIDAY: 9:00am–3:00pm

ADDITIONAL SERVICES TIMES

BEFORE CARE: 7:30am–9:00am

AFTER CARE: 3:00pm–6:00pm



Camper's Name

Weekly Camp Schedule

WEEKS ATTENDING (CHECK ALL THAT APPLY)

JUNE 29 – AUGUST 21, 2026

MONDAY-THURSDAY: SWIM | FRIDAY: SPECIAL EVENTS

WEEK 1

Monday, June 29–Thursday, July 2

No Camp on Friday, July 3

Before Care After Care

WEEK 2

Monday, July 6–Friday, July 10

Before Care After Care

WEEK 3

Monday, July 13–Friday, July 17

Before Care After Care

WEEK 4

Monday, July 20–Friday, July 24

Before Care After Care

WEEK 5

Monday, July 27–Friday, July 31

Before Care After Care

WEEK 6

Monday, August 3–Friday, August 7

Before Care After Care

WEEK 7

Monday, August 10–Friday, August 14

Before Care After Care

WEEK 8

Monday, August 17–Friday, August 21

Before Care After Care

FIELD TRIPS

Dates TBD. More details to come.

Interested Not interested

IS THERE ANYTHING YOU WANT TO SHARE WITH US THAT WOULD PROVIDE A BETTER EXPERIENCE FOR YOUR CHILD?
(Examples: afraid of the water due to a traumatic incident, shy, etc.)



Camper's Name

Payment Terms & Conditions

CANCELLATION POLICY

If you need to cancel your child's enrollment, cancellations must be made in writing and emailed to rwjcarsummercamp@fitnessandwellness.org by June 12, 2026, 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 50% deposit per week is required to hold the discounted rate, and all fees must be paid in full by **June 12, 2026**.

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.

CCS POLICY

Once your CCS application is fully approved, if your coverage is 100%, CCS will pay for your child to attend camp during the hours of 9:00am–3:00pm only.

If you are approved by CCS but are required to make a copay, our management team will contact you to arrange for the full payment of the copay for the summer.

Please note that if you need before-care or after-care, those charges will be your responsibility to pay.

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



Camper's Name

Payment Arrangement

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

1. Signer must agree on a payment schedule with Member Services Manager and place a valid credit card on their account.
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 12, 2026, 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 |
|---------------------------|---|---|-------------------|-------------------|

In order to participate in the payment plan for Summer Camp, it is necessary to visit the management office to add a credit card to your account. A \$10 Decline fee will be charged if we are unable to process your card.

| | | |
|---------------------|--------------------|----------|
| \$ TOTAL AMOUNT DUE | \$ INITIAL PAYMENT | DATE / / |
|---------------------|--------------------|----------|

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">#1</td> <td style="width: 15%; text-align: center;">/ /</td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#2</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#3</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> </table> | #1 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #2 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #3 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">#4</td> <td style="width: 15%; text-align: center;">/ /</td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#5</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#6</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> </table> | #4 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #5 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #6 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">#7</td> <td style="width: 15%; text-align: center;">/ /</td> <td style="width: 10%; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#8</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> <tr> <td style="border-top: 1px solid black;">#9</td> <td style="border-top: 1px solid black; text-align: center;">/ /</td> <td style="border-top: 1px solid black; text-align: center;">\$</td> </tr> <tr> <td style="font-size: small;">NO.</td> <td style="font-size: small;">PAYMENT DATE</td> <td style="font-size: small;">AMOUNT OF PAYMENT</td> </tr> </table> | #7 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #8 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT | #9 | / / | \$ | NO. | PAYMENT DATE | AMOUNT OF PAYMENT |
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| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #2 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #3 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #4 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #5 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #6 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #7 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #8 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO. | PAYMENT DATE | AMOUNT OF PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| #9 | / / | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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), RWJ Rahway Fitness & Wellness Center, RWJ Rahway Fitness & Wellness Center at Carteret, Guthrie Lourdes Health & Fitness, Princeton Fitness & Wellness, CentraState Fitness & Wellness Center, Hackensack Meridian Fitness & Wellness, 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, Penn Medicine Princeton Health, Princeton Medical Center, CentraState Healthcare System, CentraState Medical Center, Main Line Health, Our Lady of Lourdes Memorial Hospital, The Guthrie Clinic, Hackensack Meridian Health including Hackensack University Medical Center, Fitness and Wellness of Hackensack, LLC, including but not limited to its owners and operators of the facilities, managing companies, 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 of 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, Releasor represents that Releasor is legally qualified to sign on behalf of the minor, and 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

Camp Policies & Restrictions

CAMP SCHEDULE & TIMES

Summer Camp Schedule:

June 29–August 21, 2026 | Monday To Friday: 9:00am–3:00pm | *No Camp on Friday, July 3.*

Additional Services Times:

Before Care: 7:30am–9:00am | After Care: 3:00pm–6:00pm

CAMPER AGE REQUIREMENT

All campers must be between the ages of 4 to 11 years old at the start of camp.

TOILET TRAINED POLICY

All children attending Summer Camp must be potty trained.

CELL PHONE POLICY

Cell phones are not permitted during camp hours and must remain in the camper's bag until pick-up. If your child is found using a cell phone during camp hours, it will be confiscated and placed in the camp office until pick-up.

The cell phone will be returned to the parent or guardian at pick-up.

BEHAVIOR POLICY

RWJ Camp reserves the right to suspend or dismiss any child who is disruptive or exhibits inappropriate behavior. Inappropriate behavior shall be any actions deemed disruptive to the day to day operations of the camp or disruptive to other campers, creating a negative camp environment.

I HEREBY AGREE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ABOVE AND THAT NO REFUNDS OR CREDITS WILL BE GIVEN FOR ANY VIOLATIONS OF THESE POLICIES BY MYSELF OR MY CHILD(REN).

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.

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.

I HEREBY AGREE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ABOVE AND THAT NO REFUNDS OR CREDITS WILL BE GIVEN FOR ANY VIOLATIONS OF THESE POLICIES BY MYSELF OR MY CHILD(REN).

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

____ / ____ / ____
DATE



FOR STAFF USE ONLY

Camper's Name

Pick Up Policy

CHILDREN MUST BE PICKED UP ON TIME.

Summer Camp ends promptly at 3:00pm. | After Care service ends promptly at 6:00pm.

Please list the names of all adults authorized to pick up your child from the camp below.

**WE WILL NOT RELEASE ANY CAMPER TO ANY ADULT NOT LISTED BELOW.
 WHOEVER IS PICKING UP WILL BE ASKED TO SHOW A PHOTO IDENTIFICATION.**

Late Pick Up Fee: A fee will be assessed to the parent whose child(ren) is/are picked up after our program ends at 3:00pm. If signed up for After Care, a fee will be assessed to the parent whose child(ren) is/are picked up after our program ends at 6:00pm.

*The Late Pick Up Fee policy is as follows: The parent pays a fee of \$1.00 every minute (per child) after 3:00pm for regular camp, or after 6:00pm if enrolled in After Care.
 (Example: pick up at 3:15pm will result in a \$15.00 late fee per child.)*

| | | |
|--|-----------------------|----------------|
| _____ 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 |

I HEREBY AGREE AND UNDERSTAND THE TERMS AND CONDITIONS LISTED ABOVE AND THAT NO REFUNDS OR CREDITS WILL BE GIVEN FOR ANY VIOLATIONS OF THESE POLICIES BY MYSELF OR MY CHILD(REN).

| | | |
|---------------------------------------|------------------------------------|---------------|
| _____ PARENT/GUARDIAN PRINTED NAME | _____ PARENT/GUARDIAN SIGNATURE | _____ DATE |
|---------------------------------------|------------------------------------|---------------|



Camper's Name

Meal Program

The meal program runs from June 30–August 21, 2026
(PARENTS ARE RESPONSIBLE FOR MEALS OUTSIDE THIS TIME-FRAME.)

BREAKFAST AND LUNCH IS SCHEDULED TO BEGIN ON JUNE 30 AND RUNS UNTIL AUGUST 21

BREAKFAST *(Available for Before Care ONLY)*

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

Breakfast ends 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 _____



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: _____

/ / / / 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



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, 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, Britney Medico, at britneym@fitnessandwellness.org.

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

All campers must be between the ages of 4 to 11 years old at the start of camp.

DOES MY CHILD NEED TO BE POTTY TRAINED?

Yes, all children attending Summer Camp must be potty trained.

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 7.

HOW DO I GET A DISCOUNT?

See **Payment and Terms & Conditions** section on page 7.

HAVE QUESTIONS?

Please contact the team at:

Phone: 732.541.2333

Email: rwjcarsummerncamp@fitnessandwellness.org



FAQ and Safety Practices & Protocols

FAQ & SAFETY

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.

CAMPERS BEHAVIOR & SAFETY POLICY.

RWJ Camp reserves the right to suspend or dismiss any child who is disruptive or exhibits inappropriate behavior. Inappropriate behavior shall be any actions deemed disruptive to the day to day operations of the camp or disruptive to other campers, creating a negative camp environment.

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.*
- We have a 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.



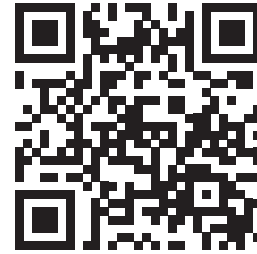
Remind App

We are excited to introduce you to the Remind App, a platform that will help facilitate communication and learning during your child's Summer Camp experience.

With Remind, you can easily connect with the camp staff, receive important updates, and ask any questions or express concerns with staff directly.

Here are some key features that make Remind a valuable tool for staying informed:

- **Phone-based messaging and automatic translation:** Remind makes it easy for you to communicate with the camp staff, regardless of the language you speak. The app offers automatic translation into over 90 languages, ensuring that information is accessible to all.
- **Fast and reliable communication:** You can receive real-time notifications directly on your phone, allowing you to stay updated on any important news or changes related to the camp. This ensures that you are always informed and can plan accordingly.
- **Universal accessibility:** Remind is not limited to smartphones. You can receive notifications on any device with internet access, so you won't miss out on crucial information even if you don't own a smartphone.
- **Personal privacy:** Rest assured that your personal information remains private within the Remind app. You can communicate with confidence, knowing that your privacy is protected.



Join the RWJ Summer Camp 2026 Remind App group by scanning the QR code above.

If you have any questions or need assistance, feel free to reach out to the camp director.

We hope that using the Remind app will enhance your Summer Camp experience and keep you connected throughout the program. Have a fantastic time!