



2026 Summer Camp Application June 22nd- August 28th

* **Full day**- 9:00-4:00



* **Half day**- 9:00-1:00

* Before Care begins 8:00

* After Care until 6:00



MINIMUM AGE FOR CAMP IS 5 YEARS OLD



ACTIVITIES INCLUDE:

*Instructed gymnastics *open play *inflatables *visitors *out of house trip*outside play *games *themed days *crafts

The more days you come the more you save!!



Full Day

\$80 per day



Half Day

\$60 per day



10-14 days- 10% off= \$72 per day
15-24 days- 15% off= \$68 per day
25-34 days- 20% off= \$64 per day
35+ days- 25% off= \$60 per day

10-14 days- 10% off= \$54 per day
15-24 days- 15% off= \$51 per day
25-34 days- 20% off= \$48 per day
35+ days- 25% off= \$45 per day

A \$100 deposit is required/child to reserve your spot. The balance is due by your child's first day of camp.

**10% sibling discount offered *Please see "Additional Fees and Expenses" page for more pricing info*

Please keep in mind there are NO REFUNDS OR MAKE-UPS allowed for camp!

Please circle:

Full Half

	M	T	W	TH	F
Week 1	6/22	6/23	6/24	6/25	6/26
Week 2	6/29	6/30	7/1	7/2	7/3
Week 3	7/6	7/7	7/8	7/9	7/10
Week 4	7/13	7/14	7/15	7/16	7/17
Week 5	7/20	7/21	7/22	7/23	7/24
Week 6	7/27	7/28	7/29	7/30	7/31
Week 7	8/3	8/4	8/5	8/6	8/7
Week 8	8/10	8/11	8/12	8/13	8/14
Week 9	8/17	8/18	8/19	8/20	8/21
Week 10	8/24	8/25	8/26	8/27	8/28

Check if needed: Before care: After care:

Camper Name: _____

Camper Name: _____

Camper Name: _____

Contact #:

Email:

Current Student New Student

An online account must be created in order to register for summer camp. Please visit tinyurl.com/2j4z263k to create your family profile or **scan here:**

T-shirt Size: _____

Note t-shirts are only for campers who are enrolled on field trip days!



Office use only: Total Days: _____

B/A care total: Visitor Total: _____

Total Due: _____

WELCOME TO SUMMER CAMP 2026



Full Day: 9:00-4:00

Half Day: 9:00-1:00

Before Care: 8:00am- 9:00am

After Care: 4:00pm- 6:00pm

Thank you for choosing Randolph Gymnastics Summer Camp. An online profile must be created for all campers. Please visit our website to sign up. After registration paperwork is handed into the office, please view/print the remainder of this welcome packet. This will need to get filled out and turned in ON/BEFORE your child's first day of camp. Partial packets will not be accepted.

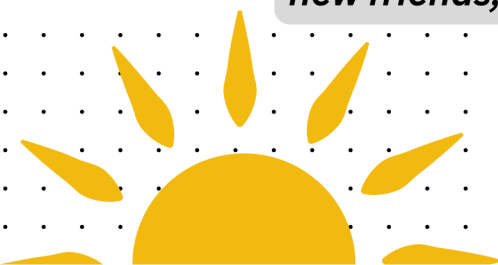
****A PARENT MUST SIGN CHILDREN IN AND OUT EVERY DAY! PLEASE DO NOT DROP YOUR CHILD OFF OR PICK THEM UP WITHOUT COMING IN ****

Please send children with a labeled backpack to keep all of their belongings organized and together. Remember to send with them the following items every day:

SNACK & LUNCH *SOCKS & SNEAKERS*

Attire: Campers can either wear a leotard or shorts and a T-shirt. Long hair **MUST** be tied back. Jeans or clothes with buttons should not be worn. Absolutely **NO JEWELRY!** All students go barefoot into the gym.

Camp Activities: We will have gymnastics lessons every day as well as organized games, sport games, arts & crafts, and supervised free play time which should keep your children occupied and having fun all day long! Children will spend time making new friends, partaking in outdoor activities, and more!





RANDOLPH GYMNASTICS

3 Middlebury Blvd.
Randolph NJ 07869
(973) 584-4111

RANDOLPH GYMNASTICS SUMMER CAMP ADDITIONAL FEES AND EXPENSES

BEFORE/AFTER CARE-

B/C- \$10 per day. A/C \$20 per day

Before/After Care must be scheduled/paid for in advance. Any child dropped off before 8:50 AM or picked up after 4:10 PM will be considered before/after care and their parent will be responsible for payment. Children must be picked up by 6:00 PM at the latest!

PIZZA MONDAYS & FRIDAYS \$4 for first slice (drink included), \$3 each additional slice (CASH ONLY)

Every Monday & Friday a pizza lunch will be available for purchase!

You must place your pizza order with the front desk Monday & Friday mornings when signing in your child(ren).

Visitor Extras- payment for "visitors" must be paid at time of registration.

6/26	Planetarium	\$20
6/30	West Side Dance *Optional*	\$15
07/02	Rita's Ice	\$8
7/10	Team Makers NJ	\$20
7/15	Chef it Up!	\$25
7/20	West Side Dance *Optional*	\$15
7/21	Splash Plex	\$45
7/30	Aspen Ice *Mandatory *	\$15
08/06	Sterling Hill Mining	\$35
08/13	Urban Air	\$45
08/18	Aspen Ice * Optional *	\$15
08/21	Game Truck	\$25
08/27	Magician	\$15



Field Trip Permission Slip Form 2026

Child(ren) Name(s) _____

I give permission for my child _____, to go to **The SplashPlex**
7/21/2026 with Randolph Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

I give permission for my child _____, to go to **Aspen Ice**
7/30/2026 with Randolph Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

I give permission for my child _____, to go to **Sterling Hill**
Mining 08/06/2026 with Randolph Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

I give permission for my child _____, to go to **Urban Air**
08/13/2026 with Randolph Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

Optional Event

I give permission for my child _____, to go to **Aspen Ice**
OPTIONAL EVENT 8/18/2026 with Randolph Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

I give permission for my child _____, to go to **West Side**
Dance Center 6/30/2026 and 7/20/2026 with Randolph Gymnastics Summer Camp. I can be
reached at _____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

Child(ren) Name(s) _____

In the event you are unable to contact me, please contact:

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____

Date: _____

Photo & Video Release

I grant consent for my/minor's photo to be taken or to be filmed while participating in activities at the Gymnastics Institute of Randolph.

My/minor's name will never be associated with the photo unless specifically requested by Gymnastics Institute of Randolph.

I authorize Gymnastics Institute of Randolph to use and publish images, photographs, pictures, portraits, and audio, video and/or film footage of me/minor in all forms of media and in all manner for publication including, but not limited to, advertising and marketing campaigns, press releases, and website use.

I hereby waive any right I may have to review, inspect, edit or approve such publication and I release Gymnastics Institute of Randolph from any claims I may have against it for use of such images, photographs, pictures, portraits, and audio, video and/or film footage of me.

I Accept I Decline

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Dated: _____

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian

Randolph Gymnastics Summer Camp

Emergency Form

Child Name		Birthdate		Grade just completed	
Child Name		Birthdate		Grade just completed	
Child Name		Birthdate		Grade just completed	
Parent Name		Phone			
Address					

Father (Guardian) Name/ Cell Number _____

Mother (Guardian) Name/ Cell Number _____

Please list three relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted:

Name	Relationship	City	Phone

AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

Explanation; It is the firm hope that the authorization granted in this form will never be needed. For the safety of the children, however, sound medical practice calls for such authorization. The authorization granted by this form will be used only when absolutely necessary.

AUTHORIZATION

I authorize Randolph Gymnastics Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Randolph Gymnastics Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ taken to _____ (Hospital Choice) or other nearby medical facilities for medical care under _____ (Doctor Choice) Dr. Phone _____ or other qualified physicians.

Family Insurance Company _____
 Hospitalization Policy # _____

I also authorize Randolph Gymnastics Staff to take a temperature reading if necessary. I understand that armpit or ear thermometer will be used.

Please list allergies or indicate none _____

Please list Medical concerns or indicate none _____

 Parent Signature

 Date

RANDOLPH GYMNASTICS SUMMER CAMP 2026
3 Middlebury Boulevard, Randolph, New Jersey 07869
P. (973) 584-4111 F. (973) 584-4111

**MEDICAL PERMISSION FORM &
INDIVIDUAL MEDICATION RECORD**

If not applicable, please write your child's name, write N/A under all other fields, and sign below.

Child Name _____

Medication _____

Prescription _____ Non Prescription _____ Dr's Approval
Required _____

Condition _____

Amount to be Administered _____

Frequency of Medication _____

Refrigeration Required _____ Yes _____ No

Possible Adverse Reaction (s) _____

SIGNATURE OF PARENT / GUARDIAN

_____ Date _____

Staff Member(s) authorized to administer medication:

Name _____ Signature _____

Name _____ Signature _____

=====

A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS WITH THE DOCTOR'S STAMP CAN BE SUBMITTED INSTEAD OF THIS FORM

HEALTH HISTORY/IMMUNIZATION FORM

(completed by Physician)

Child Name _____ DOB _____ Age _____ Sex _____ Grade just completed _____
 Parent (s) / Guardian (s) Name _____
 Address _____

PHYSICAL EXAMINATION

Height _____ Weight _____ Heart _____ Lungs _____ ENT _____ Extrem _____

_____ child is found to be healthy and normal and may participate in all Camp activities.

_____ child has the following areas of concern _____

which will / will not affect participation as follows _____

Comments _____

HEALTH HISTORY

Previous Communicable Diseases and Dates _____

Other Illnesses, Accidents or Operations and Dates _____

Existing Allergies or Chronic Conditions _____

Medications _____

Special Needs, Individual Limitations _____

Previous Screenings, Evaluations, Dates and Results _____

IMMUNIZATION RECORD (a copy signed by the doctor can be submitted)

VACCINE TYPE	DISEASE DATE MO/DAY/Y	1ST DOSE MO/DAY/YR	2ND DOSE MO/D/YR	3RD DOSE MO/D/YR	4TH DOSE MO/D/YR	5TH DOSE MO/D/YR	
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) If (Td or DT(1) Indicate	xxxxxxxx	_____	_____	_____	_____	_____	
POLIO-INACTIVATED POLIO VACCIN (IPV) If Oral, Indicate OPV	xxxxxxxx	_____	_____	_____	_____	_____	
MEASLES, MUMPS, RUBELLA (MMR)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
HAEMOPHILUS B (HIB) (2)	xxxxxxxx	_____	_____	_____	_____	_____	
HEPATITIS B (3)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
VARICELLA (4)	_____	_____	_____	_____	_____	_____	Titer / Date (5):
PNEUMOCOCCAL CONJUGATE (not required)	_____	_____	_____	_____	_____	_____	
OTHER SPECIFY:	_____	_____	_____	_____	_____	_____	

LEAD SCREENING (not required) Test Date: _____ Result: _____

Provisional Admission Attached _____ Medical Examination Attached _____ Religious Exemption Attached _____
 Date Granted: _____ * Requires Medical Exemption

- (1) Requires Medical Exemption. (2) Required for Day/Child Care Enrollees (2 months - 5th birthday only)
- (3) Required for K-grade 1 (whichever is first). Grade 6 beginning 9-1-01, and grades 9-12, effective 9-1-04.
- (4) Required for Day/Child care enrollees (19 months and older) and grade K-grade 1 (whichever is first) effective 9-1-04.
- (5) MMR single antigen receipt requires month/day/year, serologies require titer, and varicella disease history requires month/year.

Physician Name _____ Phone _____
 Physician Address _____
 Physician Signature _____ Date _____



JUNE

2026

SUN	MON	TUE	WED	THU	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21 Week 1 Summer Kick Off	22 Pizza Day WaterPlay Inflatables	23 Rock Climbing Ice Breaker Mini Challenges	24 WaterPlay Coaches vs. Campers Games	25 Rock Climbing Team-Building & Ice Breaker Games	26 Pizza Day Freeze Dance Party Visit From Planetarium \$20	27



JULY

2026

SUN	MON	TUE	WED	THU	FRI	SAT
28 Week 2 Patriotic Week	29 Pizza Day WaterPlay DIY Flags	30 Rock Climbing <small>West Side Dance OPTIONAL \$15</small>	1 WaterPlay	2 Rock Climbing Rita's Ice \$8	3 Pizza Day Parade Day w/ your Flag	4
5 Week 3 Western Week	6 Pizza Day WaterPlay	7 Rock Climbing Western Wear Day	8 WaterPlay	9 Rock Climbing Western Themed Activites	10 Pizza Day Team Makers NJ \$20	11
12 Week 4 Hands - on Creations week	13 Pizza Day WaterPlay	14 Rock Climbing Let's Paint	15 WaterPlay Chef it up \$25	16 Rock Climbing	17 Pizza Day Build the Obstacle Race	18
19 Week 5 Hawaiian Week	20 Pizza Day WaterPlay <small>West Side Dance OPTIONAL \$15</small>	21 Trip to SplashPlex \$45	22 WaterPlay Make Leis	23 Rock Climbing Hula Hoop Races	24 Pizza Day Hawaiian Wear and Limbo	25
26 Week 6 Winter Week	27 Pizza Day WaterPlay	28 Rock Climbing	29 WaterPlay Hot Cocoa Day	30 Rock Climbing Aspen Ice \$15	31 Pizza Day Movie Day	



AUGUST

2026

SUN	MON	TUE	WED	THU	FRI	SAT
30					31	1
2 Week 7 Superhero Week	3 Pizza Day WaterPlay Dress Like Your Fav Superhero	4 Rock Climbing	5 WaterPlay Save the City Obstacle Courses	6 Trip to The Sterling Hill Mining Museum \$35	7 Pizza Day Superhero Charades	8
9 Week 8 Sports Week	10 Pizza Day WaterPlay	11 Rock Climbing Classic & Field Day Games	12 Scavenger Hunt WaterPlay	13 Trip to Urban Air \$45	14 Pizza Day Relay Races	15
16 Week 9 Spirit Week	17 Pizza Day WaterPlay Pajama Day	18 Rock Climbing OPTIONAL ASPENICE \$15 Disney Day	19 WaterPlay Wacky Wednesday Dress in mismatch	20 Rock Climbing Neon Day Talent Show	21 Pizza Day Game Truck \$25 Crazy Hair Day	22
23 Week 10 Carnival Week	24 Pizza Day WaterPlay	25 Rock Climbing Tie Dye Day	26 WaterPlay Piñata	27 Rock Climbing Magician \$15	28 Pizza Day Last Day of Camp Ice Cream Party	29