



2025 Summer Camp Application

June 23rd- August 22nd

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

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: _____

Check if needed: Before care: ☐ After care: ☐

WELCOME TO SUMMER CAMP 2025



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 \$5 for first slice (drink included), \$2 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.

\$30	Brush Crush	
\$8	Rita's Ice Truck	
\$25	Game Truck	
\$40	Funplex	
\$20	Dinosaurs Rock (afternoon only)	
\$35	Villa Roller Rink	
\$25	Chef It Up	
\$35	Frog Falls	
\$15	Magician (afternoon only)	
\$12	Skylands Aikikai	OPTIONAL 7/18, 7/28, 8/20
\$12	Westside Dance Class	OPTIONAL 6/27, 8/8 10:00-11:00 AM

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 2025

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 2025

3 Middlebury Blvd. Randolph, NJ 07869

P. (973) 584-4111

**MEDICAL PERMISSION FORM &
INDIVIDUAL MEDICATION RECORD**

(Only hand in IF your child takes medication that we will need to administer.)

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 DOCOTOR'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/YR	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	xxxxxxx						
POLIO-INACTIVATED POLIO VACCINE (IPV) If Oral, Indicate OPV	xxxxxxx						
MEASLES, MUMPS, RUBELLA (MMR)							Titer / Date (5):
HAEMOPHILUS B (HIB) (2)	xxxxxxx						
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 _____	
Physician Address _____	
Physician Signature _____	

JUNE



2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22 WEEK 1 ARTIST WEEK	23 1ST DAY OF CAMP WATERPLAY PIZZA DAY	24 ROCK CLIMBING PAINT YOUR FRIENDS	25 WATERPLAY	26 ROCK CLIMBING BRUSH CRUSHH \$30	27 PIZZA DAY OPTIONAL TRIP TO WEST SIDE DANCE 10-11- \$12	28
29 WEEK 2 PATRIOTIC	30 WATERPLAY PIZZA DAY MAKE FLAGS	1	2	3	4	5

JULY



2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
30	31	1 ROCK CLIMBING	2 RITAS - \$8 WATERPLAY PARADE W/ FLAGS	3 NO CAMP	4 NO CAMP INDEPENDENCE DAY	5
6 WEEK 3 SUPERHERO WEEK	7 WATERPLAY PIZZA DAY	8 ROCK CLIMBING DRESS AS YOUR FAV SUPERHERO	9 WATERPLAY	10 ROCK CLIMBING	11 GAME TRUCK \$25 PIZZA DAY	12
13 WEEK 4 HAWAIIAN WEEK	14 WATERPLAY PIZZA DAY	15 ROCK CLIMBING MAKE LEIS	16 FUNPLEX FULL DAY ONLY \$40	17 ROCK CLIMBING LIMBO PARTY	18 PIZZA DAY SKYLANDS AIKIKAI OPTIONAL \$12	19
20 WEEK 5 JURASSIC PARK WEEK	21 WATERPLAY PIZZA DAY	22 ROCK CLIMBING DINOSAURS ROCK \$20 AFTERNOON ONLY	23 WATERPLAY DINOSAUR/FOSSIL CRAFT	24 ROCK CLIMBING SCAVENGER HUNT	25 PIZZA DAY CHARADES	26
27 WEEK 6 CARNIVAL WEEK	28 WATERPLAY PIZZA DAY SKYLANDS AIKIKAI OPTIONAL \$12	29 ROCK CLIMBING POPCORN DAY	30 VILLA ROLLER RINK \$35 FULL DAY ONLY	31 ROCK CLIMBING FACE PAINTING	1	2

AUGUST



2025

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	31	1 PIZZA DAY PINATA	2
3 WEEK 7 DISNEY WEEK	4 WATERPLAY PIZZA DAY DISNEY TRIVIA	5 ROCK CLIMBING CHEF IT UP-\$25	6 WATERPLAY MICKEY BREAKFAST	7 ROCK CLIMBING HIDDEN MICKEY HUNT	8 PIZZA DAY OPTIONAL TRIP TO WEST SIDE DANCE 10-11- \$12	9
10 WEEK 8 WATER WONDERS	11 WATERPLAY PIZZA DAY	12 ROCK CLIMBING	13 WATERPLAY MOVIE DAY	14 FROG FALLS \$35 FULL DAY ONLY	15 PIZZA DAY	16
17 WEEK 9 WACKY WEEK (TIE DYING ALL WEEK LONG)	18 WATERPLAY PIZZA DAY MAGICIAN AFTERNOON \$15	19 ROCK CLIMBING WACKY HAIR	20 WATERPLAY TIE DYE DAY SKYLANDS AIKIKAI OPTIONAL- \$12	21 ROCK CLIMBING WACKY OUTFIT	22 LAST DAY PIZZA DAY ICE CREAM PARTY	23
24	25	26	27	28	29	30