



2026 Summer Camp Application

June 22nd- August 28th

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

* Before Care Begins 8:00 AM

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

*After Care Until 6:00 PM

MINIMUM AGE FOR CAMP IS 5 YEARS OLD

Activities include:

*Instructed Gymnastics *Open Play *Inflatables *Visitors/Field Trips *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

10-14 Days- 10% Off= \$54 per Day

15-24 Days- 15% Off= \$68 per Day

15-24 Days- 15% Off= \$51 per Day

25-34 Days- 20% Off= \$64 per Day

25-34 Days- 20% Off= \$48 per Day

35+ Days- 25% Off= \$60 per Day

35+ Days- 25% Off= \$45 per Day

A \$100 deposit is required/child to reserve your spot. A registration fee of \$25/child is due for all new students.

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 information.*

There are no REFUNDS, MAKE-UPS or SWITCHING OF DAYS allowed for camp!

Please check:

Full Half

M T W TH F

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

Camper Name:

Camper Name:

Camper Name:

Contact #:

Email:

Current Student New Student

A Family Portal account is needed to register for summer camp. Registration paperwork will not be accepted without a family portal account. Please visit our website twistersnjgymnastics.com to create an account for your family.

Or Scan Here:



(Registration can NOT be completed thru the portal.)

OFFICE USE ONLY Total Days:

B/A care total: Visitor Total:

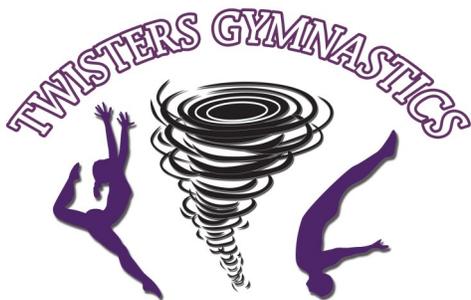
Total Due:

Check if needed: Before care: After care:

If different dates are needed for multiple children, please fill out 2 applications.

Office use only: Roster: Immunizations: Payment Loaded: Emailed: In SD:

WELCOME TO SUMMER CAMP 2026



Full Day: 9am—4pm

Half Day: 9am –1pm

Before Care: 8am - 9am

After Care: 4pm –6pm

Thank you for choosing Twisters 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 be filled out and turned in ON/BEOFRE 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 them with the following items every day:

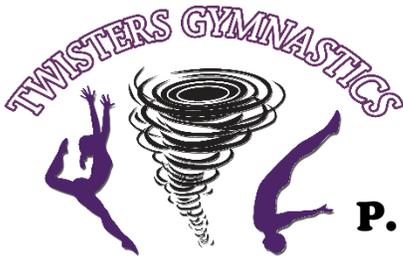
****SNACK & LUNCH SOCKS & SNEAKERS****

Attire: Campers can either wear 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 include daily gymnastics lessons, organized games, supervised free play, sports, and arts & crafts to keep your children active, engaged, and having fun all day long! Campers will also enjoy outdoor activities, make new friends, and create lasting memories.





TWISTERS GYMNASTICS

385-A Franklin Ave

Rockaway NJ 07866

P. (973) 627-3276 F. (973) 627-3255

TWISTERS GYMNASTICS SUMMER CAMP 2026

ADDITIONAL FEES AND EXPENSES

NEW STUDENTS

\$25 Registration fee due at time of registration.

BEFORE/AFTER CARE

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.

Before/After Care must be scheduled/paid for at registration time.

Children must be picked up by 6:00 PM at the latest!

Before Care- \$10 per day

After Care- \$20 per day

PIZZA MONDAYS & FRIDAYS

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).

\$5 for First Slice (Drink Included)

\$3 Each Additional Slice (CASH ONLY)

SNACKS FOR PURCHASE

Snacks & Drinks can be purchased by students from our vending machines for snack/lunch time.

Ice cream for our Gym's summer fundraiser can be purchased during snack time on Tuesdays.

Snacks- \$1.50

Drinks- \$1.25-\$2.00

Ice Cream- \$2.00



event PROGRAM



SUMMER SCHEDULE

WEEK 1	PLANETARIUM ON SITE	\$20
WEEK 2	GELATO ENVY	\$6
WEEK 3	TURTLE BACK ZOO	\$45
WEEK 4	HULA DANCING	\$20
WEEK 5	MOVIE THEATRES	\$40
WEEK 6	CERAMICS	\$30
WEEK 7	SUSSEX COUNTY FAIR	\$30
WEEK 8	JOHNSONBURG CAMP	\$65
WEEK 9	FIRE DEPT	\$0
WEEK 10	GAME TRUCK	\$25



MORE INFO:

**TWISTERSNJGYMNASTICS
@GMAIL.COM**



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 _____

Twisters Gymnastics Summer Camp 2026

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 Twisters Gymnastics Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Twisters 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 Twisters 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

TWISTERS GYMNASTICS SUMMER CAMP 2026
385-A FRANKLIN AVE ROCKAWAY NJ 07866
P. (973) 627-3276 F. (973) 627-3255

**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 _____

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 _____



Twisters Gymnastics'

Photo & Video Release Form

I grant consent for my/minor's photo to be taken or to be filmed while participating in activities at Twisters Gymnastics of North Jersey.

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

I authorize Twisters Gymnastics of North Jersey 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 Twisters Gymnastics of North Jersey 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.

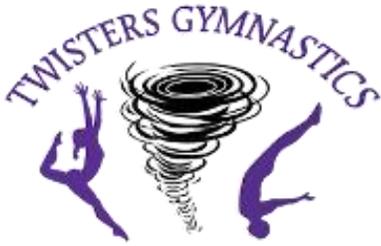
I Accept I Decline

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



Field Trip Permission Slip Form 2026

Child(ren) Name(s) _____

I give permission for my child _____, to go to **Turtleback Zoo**
7/9/2026 with Twisters Gymnastics Summer Camp. I can be reached at
_____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

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

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____

Date: _____



Field Trip Permission Slip Form 2026

Child(ren) Name(s) _____

I give permission for my child _____, to go to **The Sussex County Fairgrounds 8/4/2026** with Twisters Gymnastics Summer Camp. I can be reached at _____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

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

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____

Date: _____



Field Trip Permission Slip Form 2026

Child(ren) Name(s) _____

I give permission for my child _____, to go to **AMC Theatres** **07/21/2026** with Twisters Gymnastics Summer Camp. I can be reached at _____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

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

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____

Date: _____



Field Trip Permission Slip Form 2026

Child(ren) Name(s) _____

I give permission for my child _____, to go to **Camp Johnsonburg 08/11/2026** with Twisters Gymnastics Summer Camp. I can be reached at _____ in case of an emergency.

Parents/Guardian Full Name: _____

Parent/Guardian Signature: _____

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

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Parent/Guardian Signature: _____

Date: _____

June

2026

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	23	24	25	26	27
Disney Week	First Day of Camp Pizza Day	Tye dye shirts	Water Play	Pizza Day Water Play Planetarium \$20 Per child		
28	29	30				
Patriotic Week	Pizza Day					

July

2026

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Patriotic Week				Water Play Gelato \$6 per child	Parade	No Camp	
Animal Adventures	5	6	7	8	9	10	11
	Pizza Day	Pizza Day	Water Play	Turtle Back Zoo \$40 per child	Pizza Day Water Play	Pizza Day Water Play	
Hawaiian Week	12	13	14	15	16	17	18
	Pizza Day	Pizza Day	Hula Dancing \$20 per child	Water Play	Ohana Breakfast for Lunch	Pizza Day Water Play	
Movie Making	19	20	21	22	23	24	25
	Pizza Day	Pizza Day	AMC Theatres \$30 per child	Water Play		Pizza Day Water Play	
Beach Week	26	27	28	29	30	31	
	Pizza Day	Pizza Day	Ceramics \$30 per child	Water Play	volleyball	Pizza Water Play	

