

Welcome to Summer Camp 2021!



Full Day 9:00 AM- 4:00 PM

Before Care Starts: 8:00 AM

After Care Ends: 6:00 PM



Thank you for choosing Twisters Gymnastics Summer Camp this year. After registration please visit our website to 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. Please submit all papers together. Partial packets will not be accepted.

****1 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 (NUT FREE) *SUNSCREEN *SOCKS & SNEAKERS* *2 EXTRA MASKS

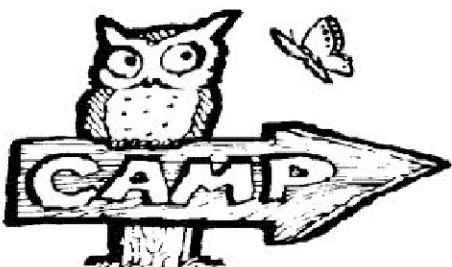
Attire: Campers can either wear a leotard or shorts and a T-shirt. Long hair **MUST** be tied back. Jeans or clothes with buttons should not be worn. Absolutely **NO JEWELRY!** All students go barefoot into the gym.



Weekly Camp Activities: We will have at least two hours of gymnastics lessons every day as well as organized games, sport games, arts & crafts, supervised free play time, which should keep your children occupied and having fun all day long! Children will spend time both inside and outside every day, if weather permits!

Camp Visitors

Each themed week will have a different visitor coming to the gym in lieu of field trips. The "additional fees" page in this packet will outline who is coming and what the extra costs will be.





2021 Twisters Gymnastics Summer Camp

June 28th- Sept 3rd



Twisters Gymnastics will be offering an exciting, fun filled day camp program run by our EXPERIENCED staff members! Twisters has been running a successful summer camp for over 25 years and our goal has always been to promote your child's self esteem and confidence while they have fun, build friendships and learn the fundamentals of gymnastics.

*** Camp will run for a total of 10 weeks***

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

* Before Care begins 8:00

* After Care until 6:00

The more you come the more you save!!



1-4 Weeks- \$330 per week
5-7 weeks- \$300 per week
8-10 weeks- \$260 per week



* Before care is available for \$25 PER WEEK PER CHILD*

* After care is available for \$25 PER WEEK PER CHILD (5:00PM pickup) or \$50 PER WEEK PER CHILD (6:00PM pickup)*

\$20 registration fee for non -members

Most weeks will have special visitors at an additional charge (\$5-25 per child). Full info available in the info packet.

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



ACTIVITIES INCLUDE:

* Instructed gymnastics * Open workouts * Inflatables
* Outside play * Team sports * Games * Themed days * Arts & crafts



MINIMUM AGE FOR CAMP IS 5 YEARS OLD

385-A Franklin Ave, Rockaway, NJ 07866

Phone: 973-627-3276 Fax: 973-627-3255

www.twistersNJgymnastics.com

twistersNJgymnastics@gmail.com

Twisters Gymnastics 2021 Summer Camp Application



On roster ☐ Mailing list ☐
Trips ☐ Packet ☐

Camper Name:	Age:	DOB:	F/M
Camper Name:	Age:	DOB:	F/M
Camper Name:	Age:	DOB:	F/M
Address:	City:	St:	Zip:
Home Phone:	Work Phone:		
Father's Name/Cell #:			
Mother's Name/Cell #:			
Email:			
Emergency Contact (other than parent):			Phone:
Credit Card # (REQUIRED):		Exp. Date:	CVV:

Credit cards will only be charged for unpaid balances after your camp starts and unpaid before/after care payments
A \$100 non-refundable deposit per child is due at the time of reservation. The remaining balance and all paperwork is due in full ON/BEFORE your child's first day of camp.

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

Office Use Only:	
Total Weeks:	Total Due:
Deposit Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
Payment Amount:	
Date:	MOP/Rec #:
Extra's Total:	
Date:	MOP/Rec #:

I understand that there are NO REFUNDS/MAKE-UPS/SWITCHING DAYS after the deposit is made.

I/We the parent(s) (or legal guardian if under the age of 18) of _____

realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agree to hold harmless and indemnify Twisters Gymnastics, its instructors, employees officers, directors, and agents from any and all claims. Any special medical conditions which might effect our child's participation in gymnastics have been indicated.

*Agreed to by (parent/guardian) _____ Date: _____



TWISTERS GYMNASTICS

385-A Franklin Ave

Rockaway NJ 07866

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

TWISTERS GYMNASTICS SUMMER CAMP ADDITIONAL FEES AND EXPENSES

BEFORE/AFTER CARE \$25 per week (BC) \$25 per week (AC- 5:00 pick up) \$50 per week (AC- 6:00 pick up)

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

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

Every Friday will be pizza lunch!

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

Visitor Extras

\$16	Rizzos Wildlife- 7/8
\$20	Game Truck- 7/14
\$13	Laser Tag Team- 7/20
\$15	Color Me Mine- 7/26
\$5	Kona Ice Truck- 8/3
\$12	Water Tag Team- 8/12
\$20	Mad Science- 8/25

COVID-19 SAFETY & HEALTH POLICIES 2021

In order to slow, prevent, and limit COVID-19 exposure and spread, Twisters Gymnastics will be adhering to the following policies and procedures (subject to change):

Please keep alert for signs of illness in your children. Symptoms related to COVID-19 include:

- | | | | |
|-----------------------|------------------------|-----------------------|-------------------------|
| • Fever or Chills | • Difficulty Breathing | • Headache | • Congestion/Runny Nose |
| • Cough | • Fatigue | • Loss of Taste/Smell | • Nausea or Vomiting |
| • Shortness of Breath | • Muscle/Body aches | • Sore Throat | • Diarrhea |

***** PLEASE KEEP YOUR CHILD(REN) HOME WHEN SICK *****

Any staff, children, and family members residing in the same household that have exposure to persons known to have COVID-19 must notify Twisters Gymnastics and follow all recommendations from the CDC. Anyone traveling outside the Tri-State area, also please notify Twisters Gymnastics of your travel.

DAILY HEALTH SURVEILLANCE / TEMPERATURE READING

- A daily health surveillance screening will be conducted for your child and temperature will be taken. Campers and staff will have their temperature checked at sign in.
- Any person with a temperature of 100.4° or above or other signs of COVID-19 illness will be sent home for the day and not allowed to enter the facility.
- If your child is ill or showing any signs or symptoms listed above, please keep them home.

DROP-OFF AND PICK-UP

- Please be prepared for a quick and smooth drop off process.
- One (1) parent must come into the building to sign in for camp.
- After a temperature reading, your child will join the camp and you (the parent) will exit the building.
- One (1) parent must come into the building to sign out at the end of the day.
- Please remember to keep social distance from each other while in common areas.

GROUP SIZE

- We will be operating at a reduced capacity to ensure proper social distancing and the safety of all campers and staff members.

MASK WEARING

- Staff and campers must wear a mask to enter and/or exit the facility and masks will be worn all day (unless eating or drinking).
- Please make sure your child comes to camp each day with AT LEAST TWO (2) additional masks.

CLEANING AND DISINFECTING

- Campers and staff will sanitize or wash hands in between activities.
- Hand sanitizer stations will be provided in numerous areas around the facility.
- Throughout the facility, cleaning supplies will be positioned for frequent cleaning between groups and structured activities.
- We have enhanced cleaning and disinfection procedures in place, using EPA approved disinfectants.

INDOOR/OUTDOOR ACTIVITIES

- In addition to our indoor activities, campers will also have the opportunity to get fresh air outside. We have a multitude of outdoors games and activities for the campers as well as water activities available on-site.

Twisters Gymnastics will closely monitor the rules set forth by the CDC and will comply with all current guidelines and regulations. The COVID-19 Safety and Health Policies outlined above are subject to change.



2021 Themed Weeks For Summer Camp

(Please note, this is a **TENTATIVE** schedule and can change at any point)

WEEK 1 (June 28th – July 2nd): Sports & Games



WEEK 2 (July 5th- July 9th) : The Great Outdoors

A visit from Rizzo's wildlife: July 8th

WEEK 3 (July 12th-July 16th): Superhero Week.

A visit from the Game Truck: July 14th



WEEK 4 (July 19th– July 23rd): Western Week

A visit from the Laser Tag team: July 20th

WEEK 5 (July 26th -July 30th): Disney week

A visit from Color Me Mine: July 26th

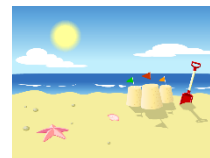


WEEK 6 (August 2nd – August 6th): Hawaiian Week

A visit from the Kona Ice truck: Aug 3rd

WEEK 7 (August 9th - August 13th): Wet and Wild Week

A visit from the water tag team: August 12th

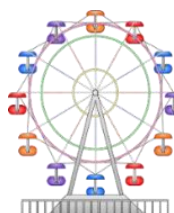
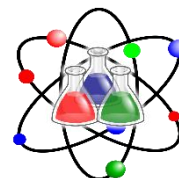


WEEK 8 (August 16th – August 20th): Wacky Week

Campers will have the opportunity to tie-dye this week!

WEEK 9 (August 23rd-August 27th): Science Week

A Visit from Mad Science: August 25th



Week 10 (August 30th- September 3rd): Twisters Farewell Week

June 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25
Week 1 Sports and Games	28	29 Twisters Ninja Warrior	30	1 Olympics Day	2 Wear your favorite sports team jersey

All activities are tentative. Schedule may change at any time.

July 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1 Sports and Games				1 Olympics day	2 Wear your favorite sports team jersey
Week 2 The Great Outdoors	5	6 Nature hike	7	8 A visit from Rizzo's Wildlife	9 Build your own fort
Week 3 Superhero Week	12	13	14 Visit from the Game Truck	15	16 Dress like your favorite superhero!
Week 4 Western Week	19	20 Visit from the Laser Tag Team	21	22	23 Dress like a cowboy/girl
Week 5 Disney Week	26 Visit from Color Me Mine	27	28	29 "Drive in" Disney movie day	30

All activities are tentative. Schedule may change at any time.

August / September 2021

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 6 Hawaiian Week	2 Hula hoop contest	3 Visit from the Kona Ice Truck	4	5 Hula dancing	6
Week 7 Wet and Wild Week	9 Water balloon toss	10 Outdoor water games	11 Outdoor water games	12 Visit from the Water Tag Team	13 Outdoor water games
Week 8 Wacky Week *One Tie Dye will take place all week*	16 PJ day	17 Crazy sock day	18 Mismatched day	19 Crazy hair day	20 Hat day
Week 9 Science Week	23	24	25 Visit from Mad Science	26	27
Week 10 Farewell Week	30	31	1	2 Carnival day	3

All activities are tentative. Schedule may change at any time.

Twisters Gymnastics Summer Camp 2021

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 may be used.

Please list allergies or indicate none _____

Please list Medical concerns or indicate none _____

 Parent Signature

 Date



TWISTERS GYMNASTICS

385-A FRANKLIN AVE

ROCKAWAY NJ 07866

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

WAIVER/RELEASE OF LIABILITY

I, _____, the Parent and/or Guardian of
_____, the enrolled participant of TWISTERS
GYMNASTICS SUMMER CAMP, understand that various daily activities include, but not
limited to, gymnastics, baseball/softball, soccer, basketball, and volleyball are daily
activities of the camp, and that each should be considered HAZARDOUS activities. I also
recognize that there are risks inherent in each of these activities.

The enrolled participant's Parent/Guardian hereby agrees to indemnify and hold harmless
Twisters Gymnastics Inc., its coaches, officers, directors, agents, and employees against any
liability resulting from injuries that may occur to the participant during ordinary, daily camp
activities. The Parent/Guardian of the participant also agrees to indemnify Twisters
Gymnastics Inc. for any damages incurred arising from any claims, demands, action or cause
of action by the participant.

The Parent/Guardian of the participant authorizes any representative of Twisters
Gymnastics, Inc. to have the participant treated in any medical emergency during their
participation in said activities. Further, the Parent/Guardian agrees to pay all costs
associated with medical care and transportation of the participant.

Any medical or health problem have been disclosed to Twisters Gymnastics Inc. (i.e.
Twisters Gymnastics Summer Camp).

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN
IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.**

Parent and/or Guardian Signature

Date

Twisters Gymnastics Release and Waiver of Liability, Assumption of Risk; and Indemnity Agreement

I represent that I understand the nature of this activity and that I am qualified, in good health and in proper physical condition to participate in such activity. I acknowledge that if I believe event conditions are unsafe or I am unable to safely perform any activity, I will immediately discontinue participation in the activity.

I fully acknowledge, understand, appreciate and agree, that this activity involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releasees named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, cost, and damages I incur as a result of my participation in the activity.

I further acknowledge, understand, appreciate and agree that my participation may result in possible exposure to and illness from infectious diseases, including, but not limited to, MRSA, Influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation and exposure.

I hereby release, discharge, and covenant not to sue your business, it's administrators, directors, agents, officers, volunteers, employees, contractors, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of the premises on which the activity takes place, (each considered one of the "RELEASEES" herein) from all liability, claims, demands, losses, damages, on my account caused or alleged to be caused in whole or in part by the negligence of the RELEASEES or otherwise, including negligent rescue operations and further agree that if, despite this release, waiver of liability, and assumption of risk, I or anyone on my behalf, makes a claim against any of the RELEASEES, I will indemnify, defend, and hold harmless each of the RELEASEES from any loss, liability, damage, or cost, which any may incur as the result of such a claim.

I have read the RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, and I understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. I agree that if any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Printed Full Name of Participant(s) _____

PARENTAL CONSENT I, hereby covenant and promise that I am the minor's parent and/or legal guardian, and on behalf of myself and the minor, understand the nature of the above referenced activities and the minor's experience and capabilities and believe the minor to be qualified to participate in such activity. I further understand the risk of exposure to injury and/or infectious diseases, for myself and my child, as a participant, spectator at events, classes or our presence at the facility. I hereby release, discharge, covenant not to sue and AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS each of the RELEASEES from all liability, claims, demands, losses or damages on the minor's or my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including, but not limited to injury, negligent rescue operations, and/or exposure to infectious diseases and I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above RELEASEES, I WILL DEFEND, INDEMNIFY, AND HOLD HARMLESS each of the RELEASEES from any litigation expenses, attorney fees, loss liability, damage, or cost which any RELEASEE may incur as the result of any such claim.

Dated: _____

Printed Name of Parent / Legal Guardian

Signature of Parent / Legal Guardian



TWISTERS GYMNASTICS
385-A FRANKLIN AVE
ROCKAWAY NJ 07866
(973) 627-3276

PERMISSION TO USE PHOTOS

During Twisters Gymnastics' Summer Camp 2021, there will be times when your child(ren) will be photographed and/or videotaped. These photos and/or videos may be used on the company website, collages, and/or summer camp projects.

I understand that use of my child's photos and/or videos will remain anonymous.
My name nor my child's name will NOT be used.

I understand that these photos and/or videos may continue to be used after the conclusion of the 2021 Summer Camp.

- ☐ I grant Twisters Gymnastics permission to use photos and videos of my child with the exclusion of his or her name.
- ☐ PLEASE DO NOT USE MY CHILD'S PHOTOGRAPH for any reason.

PLEASE PRINT THE FOLLOWING INFORMATION:

Your Child's Name _____

Your Name _____

Your signature of permission _____

Today's date _____

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/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	xxxxxxx	_____	_____	_____	_____	_____	
POLIO-INACTIVATED POLIO VACCIN (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 _____ Phone _____
 Physician Address _____
 Physician Signature _____ Date _____

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**MEDICAL PERMISSION FORM &
INDIVIDUAL MEDICATION RECORD**

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 _____

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