



2025 Summer Camp Application

June 23th- August 22nd

* **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



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

Check if needed: Before care: After care:

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

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:

Office use only: Roster: Immunizations: Payment loaded: Emailed: In SD class:

WELCOME TO



THANK YOU FOR CHOOSING TWISTERS GYMNASTICS SUMMER CAMP!

A Family Portal account is required to register for summer camp.

(Student waivers and parent contact information is collected via the Family Portal.)

Registration paperwork will not be accepted without a Family Portal account.

After creating your account and handing in your application paperwork, please view/print the remainder of this welcome packet.

This will need to be filled out and turned in ON or BEFORE your child's first day of camp. Partial packets will not be accepted!

DROP-OFF & PICK-UP

A parent must sign their child(ren) in and out every day!

Please do not drop your child off or pick them up without coming in.



ATTIRE

Camper's can either wear a leotard or shorts and a T-shirt. Jeans or clothes with buttons should not be worn. Long hair **MUST** be tied back. Absolutely **NO JEWELRY!** All students go barefoot into the gym. On Wednesdays & Fridays, a bathing suit, towel, and sandals are needed for water play.

CAMP GEAR

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

Snack & Lunch • Sunscreen • Socks & Sneakers (for outside play)



WEEKLY CAMP ACTIVITIES

We will have at least two hours of 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 both inside and outside every day if weather permits!

Wednesdays & Fridays are water play days! Please remember to pack your child with the following on both days: **Bathing suit • Towel • Sunscreen • Sandals**

CAMP VISITORS/ TRIPS- FULL DAY CAMPERS ONLY

Each themed week will have a different visitor coming to the gym or a trip outside of the gym. The "Additional Fees" page in this packet will outline the visitors and trips and what the extra costs will be. Please note, visitors and trips are **mandatory** for FULL DAY campers attending on the days they are scheduled.

2025 SUMMER CAMP

FULL DAY

9:00 AM - 4:00 PM

HALF DAY

9:00 AM - 1:00 PM

BEFORE CARE

8:00 AM - 9:00 AM

AFTER CARE

4:00 PM - 6:00 PM



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	23	24	25	26	27	28
Hawaiian week	First Day of Camp Pizza Day	Make Leis	Water Play	Ceramics	Pizza Day Water Play	
Patriotic week	Pizza Day					

July

2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
			Water Play Gelato \$6	No Camp	No Camp	
Wacky Week 6	Pizza Day Crazy Hair Day 7	Tie Dye Crazy Socks 8	Water Play 9	Wacky Outfit Day 10	Pizza Day Water Play 11	12
Disney Week 13	Pizza Day 14	Turtle Back Zoo \$40 15	Water Play 16	Disney Breakfast 17	Pizza Day Water Play 18	19
Superhero Week 20	Pizza Day 21	Dress as fav superhero 22	Water Play 23	GameTruck 1:30-3:30 \$25 24	Pizza Day Water Play 25	26
Winter Wonderland Week 27	Pizza Day 28	Snow Day 29	Water Play 30	Ice Skating Bring Socks 31		

August

2025

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Pizza Day Water Play	
3 Country Week	4 Pizza Day	5 Sussex County Fair \$30	6 Water Play	7 Farm Animal Games	8 Pizza Day Water Play	9
10 Beach Week	11 Pizza Day	12 Volleyball	13 Water Play	14 Frog Falls Fall Day only \$35	15 Pizza Day Water Play	16
17 Carnival Week	18 Pizza Day	19 Cotton Candy	20 Water Play	21 Carnival Games Ice Cream	22 Pizza Day Water Play	23
24	25	26	27	28	29	30
31						



TWISTERS GYMNASTICS

385-A Franklin Ave

Rockaway NJ 07866

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

TWISTERS GYMNASTICS SUMMER CAMP 2025 ADDITIONAL FEES AND EXPENSES

NEW STUDENTS

\$25 Registration fee due at time of registration.

BEFORE/AFTER CARE-

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

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

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

PIZZA MONDAYS & FRIDAYS \$5 for First Slice (Drink Included), \$2 Each Additional Slice (CASH ONLY)

Every Friday a pizza lunch will be available for purchase

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

SNACKS FOR PURCHASE

Snacks- \$1.50 Drinks- \$1.25-\$2.00 Ice Cream- \$2.00

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.

Visitor/Trip Extras- Payment must be paid at time of registration.

\$6	Gelato Envy
\$40	Turtle Back Zoo
\$30	Sussex County Fair
\$25	Game Truck
\$35	Frog Falls
\$30	Ceramics

Twisters 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 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 2025
385-A FRANKLIN AVE ROCKAWAY NJ 07866
P. (973) 627-3276 F. (973) 627-3255

**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 _____

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/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 _____



385 Franklin Ave
Rockaway, NJ 07869
(973) 627-3276

PERMISSION TO USE PHOTOS

During Twisters Gymnastics' Summer Camp 2025, 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 2022 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.

Your Child's Name

Your Name

Your signature of permission

Today's date



Field Trip Permission Slip Form 2025

Child(ren) Name(s) _____

I give permission for my child _____, to go to **Turtleback Zoo**
7/15/2025 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 2025

Child(ren) Name(s) _____

I give permission for my child _____, to go to **The Sussex County Fairgrounds 8/5/2025** 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 2025

Child(ren) Name(s) _____

I give permission for my child _____, to go to **Frog Falls**
08/14/2025 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: _____