



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 7 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

- 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

Half Day

\$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

All campers must have a valid waiver signed and dated as of 2026. Scan the qr code to fill out a new waiver.

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 Climbing 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.

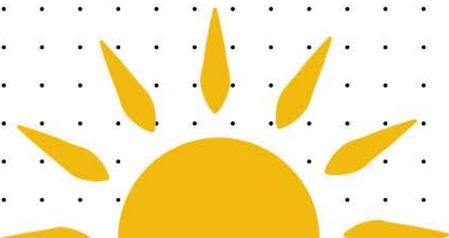
****A PARENT MUST SIGN CHILDREN IN AND OUT EVERY DAY! PLEASE DO NOT DROP YOUR CHILD OFF OR PICK THEM UP WITHOUT COMING IN ****

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 must wear shorts and a T-shirt. Long hair **MUST** be tied back. Jeans or clothes with buttons should not be worn. Absolutely **NO JEWELRY!** All campers **MUST HAVE SNEAKERS DAILY.**

Camp Activities: We will have rock climbing every day as well as organized games, sport games, arts & crafts, and supervised free play time at Randolph Gymnastics 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 CLIMBING CENTER

3 Middlebury Blvd.

Randolph NJ 07869

(973) 584-4111

RANDOLPH CLIMBING CENTER 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	Planaterium	\$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 AFTERNOON ONLY	\$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 RCC 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 RCC 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 RCC. 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 RCC. 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 RCC 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 RCC. 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: _____

RCC 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

RANDOLPH CLIMBING CENTER 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
DOCOTOR'S STAMP CAN BE SUBMITTED INSTEAD OF THIS FORM**

HEALTH HISTORY/IMMUNIZATION FORM

(completed by Physician)

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

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 Gymnastics Ice Breaker Mini Challenges	24 WaterPlay Coaches vs. Campers Games	25 Team-Building & Ice Breaker Games	26 Pizza Day Freeze Dance Party Visit From Planetarium \$20	27

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

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 Gymnastics	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 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 Gymnastics Disney Day OPTIONAL ASPEN ICE \$15	19 WaterPlay Wacky Wednesday Dress in mismatch	20 Neon Day Talent Show	21 Pizza Day Game Truck \$25 Crazy Hair Day	22
23 Week 10 Carnival Week	24 Pizza Day WaterPlay	25 Gymnastics Tie Dye Day	26 WaterPlay Piñata	27 Magician \$15	28 Pizza Day Last Day of Camp Ice Cream Party	29