

Welcome to Summer Camp 2021



THANK YOU for choosing Riverview Gymnastics Summer Camp! This welcome packet will help prepare you and your children for having a fantastic summer with us and gymnastics!

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

Full Day | Themed Weeks
9:00am - 3:30pm

Before Care: 8:00am - 9:00am
After Care: 4:00pm - 6:00pm

Please send your children with a backpack to keep all of their belongings together. Please remember to label all items & send with them all of the following EVERDAY:

Facemask - Water Bottle - Snack - Lunch (nut free) - Socks & Sneakers

Full Change of Clothes (including underwear) - Plastic Bag for Wet Clothes - Sunscreen

EVERY THURSDAY: Wear your Riverview 2020-21 Tie Dye Shirt

Attire: Girls can either wear a leotard and shorts or a form fitting T-shirt with long hair tied back. Boys should wear comfortable clothes, such as shorts and a T-shirt. Jeans or clothes with buttons should not be worn.

Absolutely NO JEWELRY!

Must Have Online Account:

If your child attended gymnastics classes this school year, then you already have an account.

If not, please visit our website and create an Online Family Account!

Weekly Camp Activities:

Organized games, activities, and crafts involving the different Themed Weeks! Campers will participate in skills and drills sessions as well as supervised free play time, which will keep your children having fun all day long!



SUMMER CAMP SCHEDULE 2021



Jun/Jul
28th-2nd

July
5th-9th

July
12th-16th

July
19th-23rd

July
26th-30th

Aug.
2nd-6th

Aug.
9th-13th

Aug.
16th-20th

Aug.
23rd-27th

Au/Sep
30th-3rd

Disney Exploration

As a Disney prince or princess, campers will explore the magical world of Disney along with other enchanting characters!

Artful Antics

Campers will create masterpieces by using their creative skills & imagination. Unique personalities will shine through!

Winter in July

Buurr! Look out snowbirds! Campers will discover a week of snowflakes & snow castles. Get ready to make it snow!

Wet N' Wild Week

Submerge yourself in the magnificent world of water! Campers will splash and explore to have a wonderfully wet week!

Olympic Games

Join us for a variety of activities & sports revolving around the Olympic Games, testing mental & physical abilities!

Animal Adventure

We are on the lookout for the furry, feathered, and fantastic this week as we explore the world in search of animals!

Wacky Week

Campers will wear silly clothes, become superheroes, and celebrate innovative creativity & thinking!

Medieval Times

Calling all Knights and Princesses to a week full of jousting, catapults, castles, magic, & dragons. Join us if you may!

Spectacular Science

Campers embark on a scientific journey with a variety of hands-on activities, gaining knowledge through observation!

Carnival Week

Let's celebrate the wonderful summer we all spent together and throw ourselves a carnival, full of games and surprises!

Full Day Pricing (9:00-3:30pm)

First Week Cost: \$320

Second Week Cost: \$304

Third Week Cost: \$288

Fourth+ Weeks Cost: \$272/wk

Add'l 10% discount for siblings

Before Care (8:00-9:00am)

\$25 per week

After Care

\$25 per week (Pick up by 5:00pm)

\$50 per week (Pick up by 6:00pm)

Must be 5+ years old to attend camp

EXTRAORDINARY CAMP EXTRAS



Tie-Dye Thursdays

Purchase a Summer Camp T-Shirt to participate in our Tie-Dye Thursdays!

\$16 / shirt

Every Friday is Pizza Friday! Normally campers pack a lunch, but on Fridays, you can order pizza for your child at check-in!

\$3 slice & juice / \$2 per extra slice

PIZZA FRIDAYS

Disney Exploration (6/28-7/2)



Artful Antics (7/5-7/9)

Art & Creations Studio comes to us for pottery painting!

\$15 / camper

Winter in July (7/12-7/16)

Shaved ice on a hot summer day - campers choose flavors!

\$5 / camper



Wet N' Wild Week (7/19-7/23)

Pack a bathing suit, towel, and change of clothes to camp each day!



Olympic Games (7/26-7/30)



ZUMBA



Animal Adventure (8/2-9/6)



Rizzo's Wildlife World comes to us for a live animal experience!

\$20 / camper

Wacky Week (8/9-8/13)

PHOTO
BOOTH



\$15 / camper

Medieval Times (8/16-8/20)



Art in Nature & Rock Mining with some Animal Ambassadors

\$25 / camper



Spectacular Science (8/23-8/27)

\$20 / camper

Mobile Game Truck brings Laser Tag!

BRING a white T-Shirt to Tie-Dye



Carnival Week (8/30-9/3)



Carnival tents, games, food, and craft coming to us!

\$20 / camper

COVID-19 SAFETY & HEALTH POLICIES 2021

In order to slow, prevent, and limit COVID-19 exposure and spread, Riverview 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
- Cough
- Shortness of Breath
- Difficulty Breathing
- Fatigue
- Muscle/Body aches
- Headache
- Loss of Taste/Smell
- Sore Throat
- Congestion/Runny Nose
- Nausea or Vomiting
- 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 Riverview Gymnastics and follow all recommendations from the CDC. Anyone traveling outside the Tri-State area, also please notify Riverview 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 prior to entering the facility.
- 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. Both parent and camper will exit at the opposite side of our entrance hallway.

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, behind our building. We have a multitude of outdoors games and activities for the campers as well as water activities available on-site.

Riverview 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.



RIVERVIEW GYMNASTICS
22 RIVERVIEW DRIVE
WAYNE, NJ 07470
(973) 646-8181

COVID-19 MASKING GUIDELINES

It is understood that face coverings may be challenging for campers, particularly younger campers, in an all-day setting. Based on the updates and changes in New Jersey, the New Jersey Department of Health has revised the masking guidelines for the 2021 summer camp season.

ALL UNVACCINATED CAMPERS MUST BRING 2 MASKS TO CAMP EACH DAY

Indoors

- Unvaccinated campers are *strongly encouraged* to wear face coverings at all times, but particularly when physical distancing is difficult, unless (1) doing so is impracticable, such as when a camper is eating or drinking or (2) while the individual is in the water.

Outdoor Setting

- Campers are not required to mask, regardless of their vaccination status. Unvaccinated campers are encouraged to wear a mask in crowded outdoor settings or during activities that involve sustained close contact with other people who are not fully vaccinated.
- Vaccinated campers need not mask in indoor or outdoor settings. All vaccinated campers must provide a copy of their Vaccination Card to keep on file with the office.

Please Initial:

*****Select Option (1) or (2) for your child*****

(1) My child ONLY needs to wear a mask when in crowded settings or during activities that involve sustained close contact with other campers, outside of his or her daily “family camp group” and who are not fully vaccinated.

OR

(2) My child must ALWAYS wear a mask unless he or she is eating, drinking, or for health and safety reasons such as extreme heat and it is not feasible to wear masks.

Print Camper’s Name: _____

I HAVE CAREFULLY READ THE ABOVE COVID-19 MASKING GUIDELINES AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENT AND SIGNIFICANCE.

Parent or Guardian Signature

Date

RIVERVIEW GYMNASTICS SUMMER CAMP 2021

22 Riverview Drive Wayne, NJ 07470 P. (973) 646-8181 F. (973) 646-8182

HEALTH HISTORY/IMMUNIZATION FORM

(completed by Physician)

Child Name _____ DOB _____ Age _____ Sex _____ Grade _____

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

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 _____



RIVERVIEW GYMNASTICS
22 RIVERVIEW DRIVE
WAYNE, NJ 07470
(973) 646-8181

MEDICAL PERMISSION FORM & INDIVIDUAL MEDICATION RECORD

****Even if your child does not need medication, you must still complete this form.**

You can write your child(ren)'s name(s) at the top and put "N/A", then sign & date the bottom**

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 _____



RIVERVIEW GYMNASTICS

22 Riverview Drive • Wayne, NJ 07470 • (973) 646-8181



SUMMER CAMP REGISTRATION FORM

Camper Name: _____ Birthdate: _____ Age: _____ Sex: _____

Camper Name: _____ Birthdate: _____ Age: _____ Sex: _____

Camper Name: _____ Birthdate: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Allergies: _____

Mother/Father (Name & Phone): _____ / _____

Credit Card Number: _____ Exp: ____/____ CVC: _____

If your child is NOT a current Class Student, a \$100 non-refundable deposit per child is due at the time of reservation. The remaining balance and paper work is due in full ON or BEFORE your child's first day of camp.

Please Circle Weeks Total # of weeks: _____

Week 1: Jun 28th-Jul 2nd (Disney Exploration)

Week 2: July 5th-9th (Artful Antics) **\$15**

Week 3: July 12th-16th (Winter in July) **\$5**

Week 4: July 19th-23rd (Wet N' Wild Week)

Week 5: July 26th-30th (Olympic Games)

Week 6: Aug 2nd-6th (Animal Adventure) **\$20**

Week 7: Aug 9th-13th (Wacky Week) **\$15**

Week 8: Aug 16th-20th (Medieval Times) **\$25**

Week 9: Aug 23rd-27th (Spectacular Science) **\$20**

Week 10: Aug 30th-Sep 3rd (Carnival Week) **\$20**

THURSDAYS: Wear your 2021 Riverview Tie Dye Shirt!

Pricing/Week 1st Week: \$320/wk | 2nd Week: \$304/wk

3rd Week: \$288/wk | 4th+ Weeks: \$272/wk

Before Care \$25/wk

After Care \$25/wk (until 5:00pm) | \$50/wk (until 6:00pm)

Office Use Only: Reg Form Signed

Immunization Medical Permission

Tuition: Add weekly cost \$ _____

Before Care: \$25 x # weeks \$ _____

After Care: P/U Time _____
\$ x # weeks \$ _____

Non-Student Reg Fee: \$10 \$ _____

2021 Tie Dye T-Shirt: \$16 \$ _____ Size: _____

Extras: (Wks: 2, 3, 6, 7, 8, 9, 10) \$ _____

Total Payment Due: \$ _____

\$100 Deposit Required for Non-Current Students

PMT Amount: \$ _____ | Date: ____/____

Office Use Only – Additional Week(s) _____

Addn'l PMT: \$ _____ | Date: ____/____

Addn'l PMT: \$ _____ | Date: ____/____

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

I/We the parent(s) of _____ (or legal guardian) realize and acknowledge that gymnastics is a physical activity involving potential risk to the participant and agrees to hold harmless and indemnify Riverview Gymnastics, its instructors, employees, officers, directors, and agents from any and all claims including, but not limited to, those arising from negligence. Any special medical conditions which might affect our child's participation in gymnastics has been indicated above. In the event that my tuition balance is not paid in full by the time my child begins attending summer camp, I authorize Riverview Gymnastics to charge my credit card.

*** AGREED TO BY (parent/guardian):** _____ **Date:** _____

EMERGENCY FORM

Please list three relatives or friends who can be reached in case of illness or emergency if the parents/guardians cannot be contacted:

Name	Relationship	City	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION FOR PEDIATRIC / EMERGENCY / MEDICAL / SURGICAL TREATMENT

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.

EMERGENCY AUTHORIZATION

I authorize Riverview Gymnastics Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Riverview Gymnastics Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ (Child Name) taken to the nearest hospital or other nearby medical facilities for medical care by a qualified physician.

Family Insurance: _____ Policy #: _____

I also authorize Riverview Gymnastics Staff to take a temperature reading upon arrival and throughout the day if deemed necessary as part of our Daily Health Surveillance Screening. I understand that if my child has a temperature reading 100.4 or higher, he or she will not be able to enter the facility or, if at camp already, will be isolated from other campers inside the building until a parent has arrived for pick up.

Staff and campers are required to wear masks throughout the duration of the summer camp – unless for health and safety reasons or extreme heat and it is not feasible to wear masks such as during lunch, snack, and water breaks. My child will bring additional, spare masks to camp each day. **Parent Initial:** _____

Is there anything else we should know about your child? _____

I have read, understand, and agree to the “COVID-19 Safety and Health Policies 2021”. **Initial:** _____

Any/All medical or health problem(s) have been disclosed to Riverview Gymnastics Academy. **Initial:** _____

Parent Signature: _____

Date: _____