

Welcome to Summer Camp 2025



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:

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 2025 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 2025



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

First Week Cost: \$380
Second Week Cost: \$365
Third Week Cost: \$350
Fourth+ Weeks Cost: \$335/wk
Add'l 10% discount for siblings

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

\$50 per week

After Care

\$50 per week (Pick up by 5:00pm)
\$100 per week (Pick up by 6:00pm)

Must be 5+ years old to attend

Jun
23rd-27th

Jun/Jul
30th-3rd

July
7th-11th

July
14th-18th

July
21st-25th

Jul/Aug
28th-1st

Aug.
4th-8th

Aug.
11th-15th

Aug.
18th-22nd

Aug.
25th-29th

Artful Antics

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

Red, White, & Blue

It's the week of independence so let's celebrate with all things red, white, & blue! ***Closed 7/4 Discounted Week***

Camp Olympics

Campers will play a variety of sports, games, races, & activities. The week will test both mental & physical capabilities!

Winter in July

Buurrr! 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!

Wacky Week

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

Magic & Wizardry

This week will bring out the wizard in all of us! We may even encounter mystical unicorns or medieval dragons!

Spectacular Science

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

Animal Adventure

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

Farewell Fiesta

Let's celebrate the wonderful summer spent together and throw ourselves a wild week of fun, full of games and surprises!

Extraordinary Camp Extras and Field Trips!

Tie-Dye Thursdays – Campers will wear their 2025 Tie-Dye Camp Shirt!
Shirts are REQUIRED to be worn for any Field Trip Day! (\$16)

- Want another? \$10 for an additional shirt



Week 1: Artful Antics (June 23rd – 27th)

- Arts & Creations Pottery Studio (6/26) -- \$30



Week 2: Red, White, & Blue (June 30th – July 3rd) **CLOSED 7/4**

Week 3: Camp Olympics (July 7th – 11th)

- Randolph Gymnastics & Climbing FIELD TRIP (7/10) -- \$30



Week 4: Winter in July (July 14th – 18th)

- Winter Events & Kona Ice (7/17) -- \$15

Week 5: Wet & Wild (July 21st – 25th)

- Splash Plex FIELD TRIP (7/24) -- \$40



Week 6: Wacky Week (July 28th – Aug. 1st)

- Nickelodeon Universe FIELD TRIP (7/31) -- \$70

Week 7: Wizardry & Magic (Aug 4th – 8th)

- Joe Fischer's Magic Show & Workshop (8/7) -- \$30



Week 8: Spectacular Science (Aug 11th – 15th)

- Liberty Science Center FIELD TRIP (8/14) -- \$40

Week 9: Animal Adventure (Aug 18th – 22nd)

- Turtle Back Zoo FIELD TRIP (8/21) -- \$30



Week 10: Farewell Fiesta (Aug 25th – 29th)

- Blue Rain Ice Cream Truck (8/28) -- \$15

SAFETY & HEALTH POLICIES 2025

In order to slow, prevent, and limit the exposure and spread of all viruses and illnesses, 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** including the following:

- | | | | |
|-----------------------|------------------------|-----------------------|-------------------------|
| • 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 *****

DAILY HEALTH SURVEILLANCE

- A daily health surveillance screening will be conducted for your child upon arrival.
- Any person showing signs of illness and has a temperature of 100.4° or above will be sent home for the day.
- 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 in the morning.
- One (1) parent must come into the building to sign out at the end of the day.

GROUP SIZE

- We will be operating at regular capacity with a maximum ratio of 1 counselor to 10 campers.

MASK WEARING

- Masks are not required at this point in time.

CLEANING AND DISINFECTING

- Campers and staff will sanitize or wash hands in between 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. This year we will also have several field trips, always on Thursday.

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

UNIVERSAL CHILD HEALTH RECORD

Endorsed by: American Academy of Pediatrics, New Jersey Chapter
New Jersey Academy of Family Physicians
New Jersey Department of Health

SECTION I - TO BE COMPLETED BY PARENT(S)					
Child's Name (Last) _____ (First) _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth _____ / _____ / _____	
Does Child Have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Name of Child's Health Insurance Carrier _____			
Parent/Guardian Name _____		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
Parent/Guardian Name _____		Home Telephone Number () -		Work Telephone/Cell Phone Number () -	
I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.					
Signature/Date _____				This form may be released to WIC. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER					
Date of Physical Examination: _____		Results of physical examination normal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Abnormalities Noted: _____		Weight (must be taken within 30 days for WIC)		_____	
		Height (must be taken within 30 days for WIC)		_____	
		Head Circumference (if <2 Years)		_____	
		Blood Pressure (if ≥3 Years)		_____	
IMMUNIZATIONS		<input type="checkbox"/> Immunization Record Attached <input type="checkbox"/> Date Next Immunization Due: _____			
MEDICAL CONDITIONS					
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Medications/Treatments • List medications/treatments:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Limitations to Physical Activity • List limitations/special considerations:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Allergies/Sensitivities • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Special Diet/Vitamin & Mineral Supplements • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
Emergency Plans • List emergency plan that might be needed and the sign/symptoms to watch for:		<input type="checkbox"/> None <input type="checkbox"/> Special Care Plan Attached		Comments _____	
PREVENTIVE HEALTH SCREENINGS					
Type Screening	Date Performed	Record Value	Type Screening	Date Performed	Note if Abnormal
Hgb/Hct			Hearing		
Lead: <input type="checkbox"/> Capillary <input type="checkbox"/> Venous			Vision		
TB (mm of Induration)			Dental		
Other:			Developmental		
Other:			Scoliosis		
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education and competitive contact sports, unless noted above.					
Name of Health Care Provider (Print) _____			Health Care Provider Stamp: _____		
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:

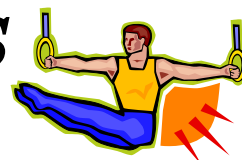
Name _____ Signature _____

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): _____ //

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:** _____ **Thurs. Events/Trips**

Week 1: Jun 23rd – 27th (Artful Antics) **\$30**

Week 2: Jun 30th – July 3rd (Red, White, & Blue) ***Closed 7/4***

Week 3: July 7th – 11th (Camp Olympics) **\$30**

Week 4: July 14th – 18th (Winter in July) **\$15**

Week 5: July 21st – 25th (Wet N' Wild Week) **\$40**

Week 6: July 28th – Aug 1st (Wacky Week) **\$70**

Week 7: Aug 4th – 8th (Wizardry & Magic) **\$30**

Week 8: Aug 11th – 15th (Spectacular Science) **\$40**

Week 9: Aug 18th – 22nd (Animal Adventure) **\$30**

Week 10: Aug 25th – 29th (Farewell Fiesta) **\$15**

THURSDAYS: Must Wear your 2025 Riverview Tie Dye Shirt for Trips! \$16

Office Use Only:

- ☐ Reg Form Signed
- ☐ Physical / Immunization
- ☐ Medical Permission
- ☐ Field Trip Permission Forms

Before Care? _____

After Care? P/U Time _____

2025 Camp Shirt: Size: _____

Addn'l Shirt? \$10

New Student? - \$100 deposit

Tuition Cost Per Week

First Week: \$380

Second Week: \$365

Third Week: \$350

Fourth+ Weeks: \$335 per week

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 at any point during the day if deemed necessary as part of our Daily Health Surveillance Screening. I understand that if my child is showing symptoms of illness and presents a fever, 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.

We will be following the updated Summer Camp Guidelines provided by the State of New Jersey. These guidelines are expected to be finalized and released in May 2025. Please initial here to confirm that you will adhere to the guidance provided by the State. **Parent Initial:** _____

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

I have read, understand, and agree to the "Safety and Health Policies 2025". **Initial:** _____

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

Parent Signature: _____

Date: _____