

DIAMOND GYMNASTICS

summer camp enrollment

GENERAL INFORMATION	
Child Name _____	Registration Date _____
Parents Names _____	Child Age _____
Address _____	Child Birthdate _____
_____	Phone (Home) _____
Email _____	1 st week of camp _____

CAMPER FRIEND REQUEST
We will try to accommodate friend requests for our "camp families" _____

FRIEND REQUESTS MUST BE MUTUAL

MEDICAL INFORMATION (list allergies, medication and other medical ailments)
Allergies _____
Medication* _____
Other _____
* If medication is to be administered please complete Medication Permission Form.

SIGN-OUT AUTHORIZATION (Individuals Other than Parent/Guardian)	
Name _____	Name _____
Name _____	Name _____

EMERGENCY CONTACT (Please list two relatives or friends who can be reached in case of illness or emergency if the individuals above cannot be contacted)		
Name _____	Relationship _____	Tel # _____
Name _____	Relationship _____	Tel # _____

CAMP WEEKS					
Full Day (M-F Only) _____	<input type="checkbox"/> Week 1	<input type="checkbox"/> Week 2	<input type="checkbox"/> Week 3	<input type="checkbox"/> Week 4	<input type="checkbox"/> Week 5
Camp Dates June 22 nd – Aug 21 st					
Check each week enrolling					
(see cancellation policy page 4)	<input type="checkbox"/> Week 6	<input type="checkbox"/> Week 7	<input type="checkbox"/> Week 8	<input type="checkbox"/> Week 9	

CAMP T-SHIRT	
It is required that all campers have a Diamond Gymnastics purple shirt & tank top (one of each) for both swim and park portions of camp. Cost is \$15 and will be added to your camp week tuition. Additional shirt/tanks available for purchase if extra sets are desired.	
T-Shirt <input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small
Tank-Top <input type="checkbox"/> Youth Small	<input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small

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medical permission form & individual medication record

CAMPER INFORMATION	
Child Name	_____ 1 st week of camp
Medication	_____
	<input type="checkbox"/> Prescription <input type="checkbox"/> Non-prescription <input type="checkbox"/> Doctor's Approval Required
Condition	_____
Amount to be Administered	_____
Frequency of Medication	_____
Refrigeration Required	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possible Adverse Reaction (s)	_____

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 Diamond Summer Camp to call an emergency ambulance or vehicle in case of accident or acute illness (the determination thereof shall rest solely with Diamond Summer Camp). In case of emergency requiring medical attention, I hereby give permission to have my child, _____ taken to CarePoint Health Hoboken University Medical Center or other nearby medical facilities for medical care.

Family Insurance Company	_____
Hospitalization Policy #	_____

I also authorize Diamond Staff to take a temperature reading if necessary using an armpit or ear thermometer.

List allergies or indicate "none"	_____
List Medical problems or indicate "none"	_____

SIGNATURE OF PARENT/GUARDIAN	
Name	Date

STAFF MEMBER AUTHORIZED TO ADMINISTER MEDICATION	
Name	Signature

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health history/immunization form (Completed by Physician OR photo copy of doctor form)

GENERAL INFORMATION							
Child Name	_____			Child Birthdate	_____		
Parents Names	_____			Child Age	_____		
Address	_____			Child Sex	_____		
PHYSICAL EXAMINATION							
Height	_____	Weight	_____	Glasses (Y/N)	_____	Contact Lenses(Y/N)	_____
Child is found to be healthy and normal and may participate in all Camp activities (Y/N) _____							
Child has the following areas of concern _____							
Which will/will not affect participation as follows _____							
Other 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 (M/D/Y)	Disease Date (M/D/Y)	1 st Dose (M/D/Y)	2 nd Dose (M/D/Y)	3 rd Dose (M/D/Y)	4 th Dose (M/D/Y)	5 th Dose (M/D/Y)	M/D/Y
DIPHTHERIA, TETANUS, PERTUSSIS (OTP). If Td or DT* , indicate)	_____	_____	_____	_____	_____	_____	_____
POLIO-ORAL POLIO VACCINE (OPV). If Salk Vaccine indicate IPV	_____	_____	_____	_____	_____	_____	_____
MEASLES, MUMPS, RUBELLA (MMR)	_____	_____	_____	_____	or Measles Serology	Date	Titer
RUBELLA	_____	_____	_____	_____	or Rubella Serology	Date	Titer
MUMPS	_____	_____	_____	_____	or Mumps Serology	Date	Titer
Other, Specify: Mantoux TB Test	_____	_____	_____	_____	_____	_____	_____
HAEMOPHILUS B (HIB)	_____	_____	_____	_____	Serology	_____	_____
Provisional Admission Attached (Y/N) _____				Medical Examination Attached (Y/N) _____			
Religious Exemption Attached (Y/N) _____				Date Granted _____			
Physician Name _____				Phone _____			
Physician Address _____				Date _____			
Physician Signature _____				Date _____			

DIAMOND GYMNASTICS

DIAMOND GYMNASTICS INC. WAIVER/RELEASE OF LIABILITY

Please read carefully before signing. This is a release of liability and waiver of certain rights

I, _____, the Parent and/or Guardian of _____, _____, the enrolled participant of Diamond Summer Camp understand that gymnastics, rock wall climbing, park visits & swimming are daily activities of the camp, and that each could be considered **HAZARDOUS** activities. I also recognize that there are risks inherent in each of these activities. I also understand that there are still unknowns with COVID-19 and will not hold Diamond Gymnastics responsible if my child becomes ill.

The enrolled participant's parent/guardian hereby agrees to indemnify and hold harmless Diamond Gymnastics of Hoboken LLC., its coaches, officers, directors, agents and employees against any liability resulting from injuries and/or illness that may occur to the participant in gymnastics, wall climbing, park visits, swimming and other ordinary camp activities. The parent / guardian of the participant also agrees to indemnify Diamond Gymnastics of Hoboken LLC. 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 Diamond Gymnastics of Hoboken LLC. 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 problems have been disclosed to Diamond Gymnastics Summer Camp.

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

SIGNATURE OF PARENT/GUARDIAN

Date

AUTHORIZATION TO VISIT LOCAL PARK / SWIM CLUB / Hoboken Businesses / Camp Structure

I give permission for my child to take a bus to the Secaucus Municipal Swim Club in Secaucus NJ, to participate in activities at other Hoboken businesses and/or walk to local parks on a daily basis (weather permitting) during regular camp hours for the purpose of playground activities, other activities and swimming. I do understand that Diamond campers will be accompanied by Diamond Summer Camp Counselors. If the Secaucus Municipal Swim Club does not open to camps we will be changing our camp structure to an on-site Hoboken camp. I am comfortable with either camp option and understand that I will forfeit my camp tuition if I decide not to send my child to camp.

SIGNATURE OF PARENT/GUARDIAN

Date

TUITION/CANCELLATION

All cancellations must be in writing. All tuition payments are fully refundable by April 1, 2026. Cancellations received from April 2nd and June 1st, 2026 will receive 50% refund; there are no refunds for cancellations received after June 1st, 2026. Camp weeks are not transferrable. Camp weeks cannot be altered after April 1st. There are no refunds for absences, changes or withdrawals after Camp starts. There are no make-ups for absences. No refunds will be made if the Camp should find it advisable not to open or to close Camp early for any unseen conditions or emergencies.

SIGNATURE OF PARENT/GUARDIAN

Date

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Assumption of the Risk and Waiver of Liability Relating to Coronavirus / COVID - 19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Diamond Gymnastics of Hoboken LLC ("the Club") has put in place preventative measures to reduce the spread of COVID-19; however, the Club cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the Club could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the Club and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Club may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Club employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Club or participation in Club programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Club, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Club program.

SIGNATURE OF PARENT/GUARDIAN

Date