

Team Randy Application Summer 2025

Please fill out this form in its entirety to apply for Team Randy, Summer 2025 Session. An immunization record must be filled out and emailed to TeamRandy1985@gmail.com in order for the application to be complete. Thank you!

* Indicates required question

1. Email *

2. Camper's Full Name *

3. Date of Birth *

Example: January 7, 2019

4. Grade (Fall 2023) *

⌵ Dropdown

Mark only one oval.

☐ 7th

☐ 8th

☐ 9th

☐ 10th

☐ 11th

☐ 12th

☐ graduated

5. t-shirt size (adult)

Mark only one oval.

☐ XS

☐ S

☐ M

☐ L

☐ XL

☐ XXL


☐ Other: _____

6. Home Address *

7. Parent/Guardian Name and Cell Phone *

8. Emergency Contact 1 (Name, Relation, and phone number) *

9. Emergency Contact 2 (Name, Relation, and phone number)

10. Photo Release: Do you provide permission for Team Randy to use photographs * of your child with or without his/her name and for any lawful purpose including, but not limited to: illustration, advertising, social media, and/or web content?  Dropdown

Mark only one oval.

- ☐ Yes. I permit Team Randy to use my child's photos.
- ☐ No. I do NOT permit Team Randy to use my child's photos.

Medical Information

The following information will allow us to provide the safest summer for the children.

11. Physician's Name and Phone Number

12. Preferred Hospital

13. Special Needs if applicable:

14. Special Education Classification if Applicable:

15. What is something important that we should know about your child to ensure he/she has a fun and productive summer? (Please include any known triggers to negative behavior and/or emotional response.)

16. What do you hope this teenager gains from Team Randy?

17. Recent Injuries/Surgeries:

18. Allergies:

19. Medications that would need to be administered during camp (please include time of day):

20. Consent for Medical: State law requires parents to sign the statement (only exception being religious beliefs). If you do not sign this statement, on the basis of religion, a separate waiver form must be signed.

Mark only one oval.

- ☐ I the parent/guardian of the above named child give permission to the physician selected by Team Randy to secure proper medical treatment in the event of an emergency.
- ☐ I request a separate waiver on the basis of religion.

Immunization form to be completed and sent via email.

New Jersey Department of Health and Senior Services
STANDARD SCHOOL / CHILD CARE CENTER IMMUNIZATION RECORD

NAME OF CHILD (Last, First, MI)		DATE OF BIRTH (Mo./Day/Yr.)		SEX <input type="checkbox"/> M <input type="checkbox"/> F		
NAME OF PARENT/GUARDIAN		TELEPHONE NUMBER(S)				
ADDRESS						
ADDRESS		IMMUNIZATION REGISTRY NUMBER				
VACCINE TYPE	1ST DOSE MO/DAY/YR	2ND DOSE MO/DAY/YR	3RD DOSE MO/DAY/YR	4TH DOSE MO/DAY/YR	5TH DOSE MO/DAY/YR	LEAD SCREENING (Not Required)
DIPHTHERIA, TETANUS, PERTUSSIS (DTaP) or any combination (if Td or DT ¹) Indicate in corner box						TEST DATE RESULT
POLIO-INACTIVATED POLIO VACCINE (IPV) (if oral vaccine, indicate OPV in corner box)						
MEASLES, MUMPS, RUBELLA (MMR)						
HAEMOPHILUS B (HIB) ⁽²⁾						
HEPATITIS B ⁽³⁾						DATE: TITER:
VARICELLA ⁽⁴⁾						DATE: TITER:
PNEUMOCOCCAL CONJUGATE ⁽²⁾						DATE: TITER:
INFLUENZA ⁽⁶⁾						DATE: TITER:
OTHER, SPECIFY:						DATE: TITER:
<input type="checkbox"/> Provisional Admission Attached - Date Granted: _____		<input type="checkbox"/> Medical Exemption Attached		<input type="checkbox"/> Religious Exemption Attached		
IMM-8 OCT 08						

(1) REQUIRES MEDICAL EXEMPTION
 (2) REQUIRED FOR CHILD CARE/PRESCHOOL 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 ENROLLED (19 Months and older) AND GRADE K-GRADE 1 (whichever is first) EFFECTIVE 9-1-04
 (5) MMR single antigen receipt requires MO/DAY/YR, serologies require titers, and varicella disease history requires MO/YR.
 (6) REQUIRED FOR CHILD CARE/PRESCHOOL ENROLLEES (6 Months - 59 Months)

21. Immunization Record

Mark only one oval.

☐ I have emailed a copy of the immunization form to TeamRandy1985@gmail.com

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