SCHOOL'S OUT SPORTS CAMP



Pick Your Day(s)

SIGN UP NOW!

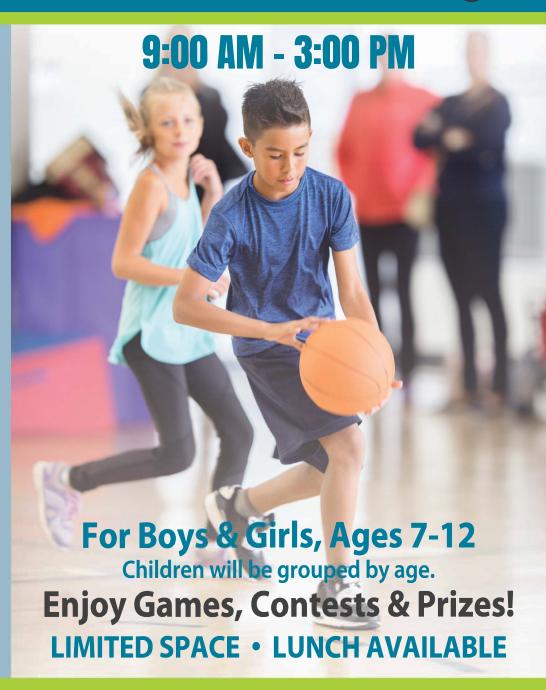
\$35/Day for HQ Mem \$40/Day for Non-Mem

Before Care: \$10/Day

(7:45 - 9:00 AM)

After Care: \$20/Day

(3:00 - 6:00 PM)



310 HWY 31 N ♦ FLEMINGTON, NJ ♦ 908.782.4009 ♦ HQFIT.COM

For more information or to register, contact Coach Candace at 908.782.4009, ext 234 or email bunnell@hqfit.com



School's Out Camp 2021-2022

Forms received after 12 noon Thursday the week prior to the camp are subject to a \$5 late fee. Payment in full is due at registration. No refunds.

Child's Name:		DOI	3: Age	e: Sex: M F
Allergies/Special Needs:				
Pick Up Password:	Dietary Restrictions:			
Parent/Guardian's Name:				
Phone: (w)	ne: (w)(h)		(c)	
Address:	City:		State:	Zip:
Email Address:				
Emergency Contact:			Phone:	
		2021 - 2022 Dates A	Available :	
Sept 1	6	Nov 2, 4, 5, 26	Dec 27, 28	, 29, 30
Jan 17	Feb 18, 2	1 March 7	April 15, 18, 1	19, 20, 21, 22
Please s	· · · · · · · · · · · · · · · · · · ·		y Nonmem o receive Member pricing)	ber \$40/day
	To	otal Balance Due: \$		
and sponsors. Recognizing the possibility of activities, I hereby release, discharge, and/employees, and associated personnel, includictions. I affirm that the registrant is in soun	physical injury associated or otherwise indemnify H- ling the owners of the field d physical and healthy cor of the program to be trans	It with leagues and in consideration for ealthQuest of Central Jersey, LLC., its dis and facilities utilized for the league public and that the athlete is covered by sported for emergency medical care. I h	HealthQuest of Central Jersey, LLC.,acce officers, coaches, managers, referees, rogram, against any claim by or on beha health/accident insurance secured indepereby authorize consent for emergency m	of Central Jersey, LLC., its affiliated organizary pting the registrant for its league programs at its affiliated organizations and sponsors, the fof the registrant as a result of the registrant endently. As parent/guardian or the registrant edical care prescribed by a duly licensed Documents
Parent Signature			Date _	
Cash	Check	Method of Payı (PLEASE CIRC Credit Card		C on File)
Account Number				·
			LAD DUIG.	(V V
Signature:				CVV