HEALTHQUEST
FITNESS CLUB

Basketball

SKILLS, DRILLS & SCRIMMAGES

Tuesdays March 1st - April 19th

Boys and Girls

Ages 5-10	4:30 - 5:30
Ages 6-12	5:30 - 6:30
Ages 6-9	6:30 - 7:30
Ages 10-14	6:30 - 7:30

SPACE IS LIMITED!

$100 per Member • $120 per Non-Member

Questions? Call Candace at 908-782-4009 ext. 234
Register at the Program Desk or online at hqfit.com

YOUTH DEVELOPMENT USA BASKETBALL CERTIFIED

jr. NBA

COACH CANDACE BUNNELL

Basketball Skills and Drills

Participant's Name: _____ **Date of Birth:** _____/_____/_____

Address: _____ **City**_____ **State**_____ **Zip**_____

Home Phone #: _____ **Email Address:** _____

Emergency Contact: _____**Cell Phone #:** _____

Tuesdays March 1, 2022 – April 19, 2022

Select Age/Time:

____ Ages 5-10 4:30-5:30 **____ Ages 6-12 5:30-6:30**

____ Ages 6-9 6:30-7:30 **____ Ages 10-14 6:30-7:30**

Pricing: _____ **$100 HQ Member** _____ **$120.00 Non Member**

Cancellation Policy: There is a $25.00 cancellation fee once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be evidenced by a doctor's note. All credit requests must be made within 7 days of the injury or illness.

RELEASE STATEMENT:

I, the parent/guardian of the registrant, a minor, or an adult registrant of legal age, agree that the registrant and I will abide by the rules of HealthQuest of Central Jersey, LLC., its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with leagues and in consideration for HealthQuest of Central Jersey, LLC. accepting the registrant for its league programs and activities, I hereby release, discharge, and/or otherwise indemnify HealthQuest of Central Jersey, LLC., its officers, coaches, managers, referees, its affiliated organizations and sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against any claim by or on behalf of the registrant as a result of the registrant's actions. I affirm that the registrant is in sound physical and healthy condition and that the athlete is covered by health/accident insurance secured independently. As parent/guardian or the registrant, I hereby give my permission for the participant of the program to be transported for emergency medical care. I hereby authorize consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Signature of Parent/Guardian :_____

Method of Payment
(PLEASE CIRCLE)

Cash Check Credit Card Member Charge (CC on File)

Account Number _____ **Expiration Date:** _____

Signature: _____ **Date:** _____