



PREPARE TO LAUNCH

VERTICAL JUMP BASKETBALL CLINIC

WITH COACH MICHAEL



LEARN 3 KEY COMPONENTS TO A POWERFUL VERTICAL JUMP:

PREPARATION

As an athlete prepares to jump, they need to keep their head up, chest up and keep a strong core. This will ensure an efficient, explosive jump each time.

LIFT OFF

Proper utilization of an athlete's arms just before lift off can be as much as 25% of their vertical jump. With an emphasis on a quick back arm movement, this will help drop your hips to load your power and improve each jump.

SAFE LANDING

Deceleration using the glutes and hamstrings is an important part of landing and injury prevention. As you how to propel and soar to new heights, it is critical to also learn how to safely return to earth under control.

DATES: Every
Monday 6:15-7:15

TIMES: Tuesday 5:00-6:00
Wed 4:30-5:30, 6:00-7:00

AGES: 10+ Years Old

PRICES: \$35 class
drop in anytime

PRIVATE TRAINING ALSO AVAILABLE

Contact Coach Candace Bunnell
908.782.4009, Ext. 234 • bunnell@hqfit.com



HEALTHQUEST
FITNESS CLUB

310 Rt 31 North
Flemington, NJ 08822

Prepare to Launch Vertical Clinic

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

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Ages 10 and up \$35 per Class Drop In anytime

Select Day/Time:

Mon 6:15-7:15 Tues 5:00-6:00 Wed 4:30-5:30 Wed 6:00-7:00

Private Training also available

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: _____