

Nothing But Net Better Basketball Training

Ages 10-17 \$35 drop in anytime

Mondays, Tuesdays and Wednesdays

hour sessions starting June 19th

12:00-1:00*12:30-1:30*1:00-2:00*1:30-2:30

2:00-3:00* 2:30-3:30* 3:00-4:00

every 4 sessions get shooting machine workout

30 MIN OF SHOOTING W/ COACH CANDACE

Focus on Learning to Shoot when Fatigued - Correct Form & Muscle Memory, Shooting Skills & Development

30 MIN SPORT SPECIFIC TRAINING W/ TRAINER

Enhance your training to include injury prevention and how to warm up properly for better game performance. Movements will include plyometric exercises for enhanced power in skills such as rebounding, lay ups, contesting shots, etc. Strength training will take place in multiple planes to enhance defensive and offensive positioning. Conditioning will be implemented to ensure aerobic work capacity is enough to sustain on court output.



Register with Coach Candace at bunnell@hqfit.com



310 Hwy 31 N • Flemington, NJ
HQFIT.COM



COACH CANDACE BUNNELL

HealthQuest Nothing But Net Better Basketball Training

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

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Nothing But Net Starting June 19th Ages 10-17 years \$35 Drop In

Pick Day : ___ Monday ___ Tuesday ___ Wednesday

Pick Time:

___ 12:00 – 1:00pm

___ 12:30 - 1:30pm

___ 1:00 - 2:00pm

___ 1:30 - 2:30pm

___ 2:00 - 3:00pm

___ 2:30 - 3:30pm

___ 3:00 - 4:00pm

Total: _____

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:** _____