

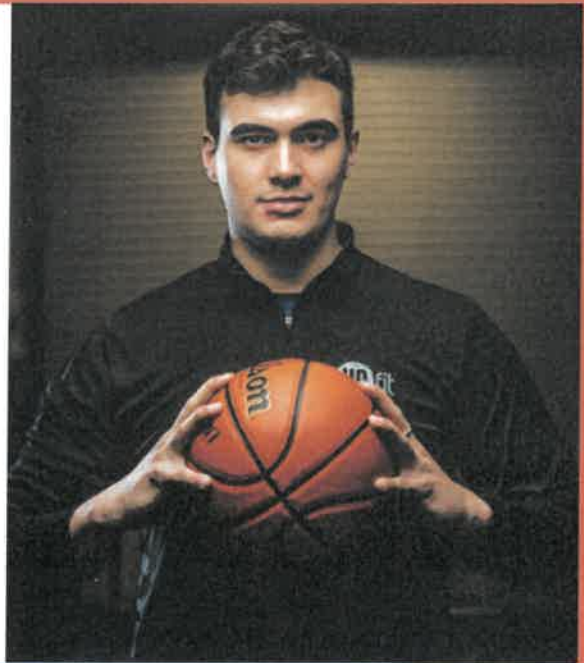


HealthQuest Fitness Club

310 Hwy 31N • Flemington, NJ • hqfit.com

Team practice is not enough! IN SEASON TRAINING

These workouts are designed to help players improve their individual skills and raise their game to become a serious threat on the court.



ADVANCED BASKETBALL WORKOUTS

For AAU/Travel Players

Each player will be evaluated and receive workouts custom designed to help them develop.

Ages: AAU AND TRAVEL Boys and Girls ages 10-16

Monday and Wednesdays

Times: 3:30-4:30/4:30-5:30/5:30-6:30/6:00-7:00

Tuesdays

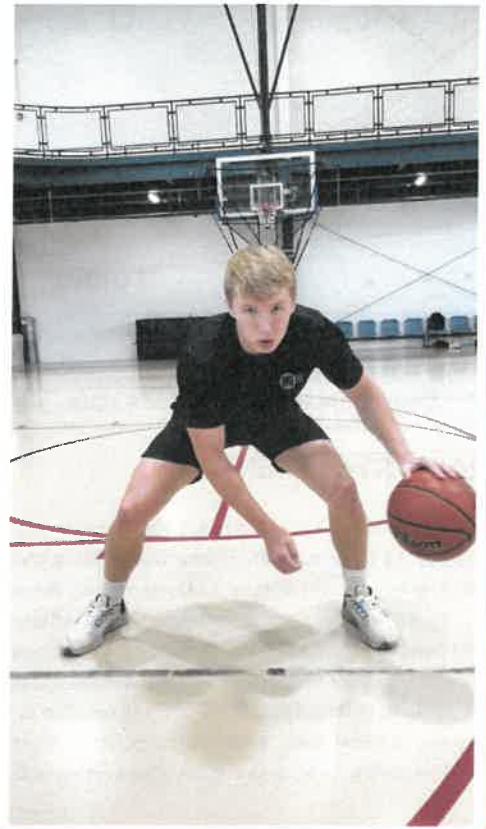
3:00-4:00/3:30-4:30/4:30-5:30

Thursdays

3:30-4:30/4:00-5:00/5:00-6:00/5:30-6:30

\$35 DAY- or buy a package of 4 session for \$100

MUST REGISTER IN ADVANCE WITH COACH CANDACE -LIMITED SPACE



Personal development is the key to success on the court !!!!!!!

Program starts the week of Nov 6th

For more info, call 908.782.4009, ext. 234 or email bunnell@hqfit.com

Advanced Basketball Workouts

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

Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Boys & Girls Ages 10 -16 yrs \$35 per Class or \$100 for 4 classes Select Days/times

Monday

3:30 – 4:30pm 4:30 – 5:30pm 5:30 – 6:30pm 6:00 – 7:00pm

Tuesday

3:00 – 4:00pm 3:30 – 4:30pm 4:30 – 5:30pm

Wednesday

3:30 – 4:30pm 4:30 – 5:30pm 5:30 – 6:30pm 6:00 – 7:00pm

Thursday

3:30 – 4:30pm 4:00 – 5:00pm 5:00 – 6:00pm 5:30 – 6:30pm

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.

Method of Payment (PLEASE CIRCLE)

Cash Check Credit Card Member Charge (CC on File)

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____