

BLAGE ERICS CAMP

FRI, NOV 24 9AM - 12PM

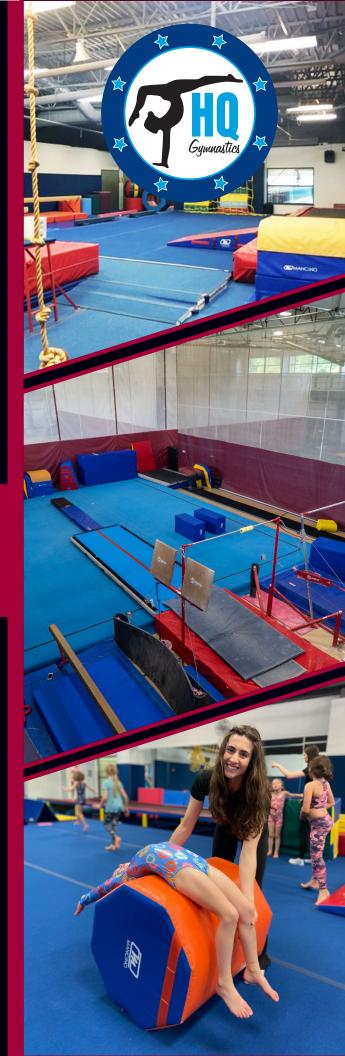
A great opportunity for active fun as we utliize all three HQ Gyms!

Enter through Downstairs Team Gym (by outdoor pool gate)

For Ages 4-12 \$60/Day HQ Mem \$75/Day Non-Mem



Email gymnastics@hqfit.com or call the Program Desk at (908) 782-4009, x233 to Register!







Black Friday Gymnastics Camp

Participant's Name:		· · · · · · · · · · · · · · · · · · ·	DOB:/	
Legal Guardian Name:				
Address:				
City:			_ State:	Zip:
Email:			Home P	none #
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	Age	s 4-12 years	•)(III
		☐ Fri, Nov 2	24, 2023	
☐ HQ Me	O/day	☐ HQ Non-Member \$75.00/day		
For More Inform	ation Conta	act: Gymnastics	s Department d	at gymnastics@hqfit.com
	Ple	ease read carefully	before signing.	
This is a release of liability and	waiver of cert	ain legal rights. I,		
participant, agree and understa	and that Gymn cs and dance)	astics is a HAZARD(involve risk of injury,	OUS activity. I ack ranging from mind	(<i>child's name</i>) and/or enrolle nowledge that any activity involving heigh or injuries (such as bruises and sprains) t
and hereby agrees to indemnagents and employees agains lessons, practice, open gym, agrees to indemnify HealthQuor cause of action by the particle have the particle particle, the page of the particle of the particle of the particle of the particle of the page of the pag	ify and hold hand to any liability meets, camps est of Central cipant. The parant medical erricipant and /	armless HealthQuest resulting from any ir s, or other activities Jersey, LLC for any rticipant authorizes a mergency during the for parent/guardian	of Central Jerse njury that may occ HealthQuest of C damages incurred any representative ir participation in a agree to pay all	e) participate in the gymnastics activities, LLC its coaches, instructors, directors or to the participant while participating is central Jersey, LLC. The participant also arising from any claims, demand, action of HealthQuest of Central Jersey, LLC to any activity while at HealthQuest of Central costs associated with medical care and which the staff should be aware.
Legal Guardian Signature	»:			Date:
	_	ment for charge		
Cash	Check	Credit Card	Member Ch	arge (CC on File)
Credit Card #			Exp D	ate:/ CVV
Signature:				Date: