



**HEALTHQUEST**  
FITNESS CLUB

# MLK DAY

## GYMNASTICS CAMP

**MON, JAN 15**  
**9AM - 12PM**

A great opportunity for active fun  
as we utilize 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](mailto:gymnastics@hqfit.com) or call the Program  
Desk at (908) 782-4009, x233 to Register!





## MLK Day Gymnastics Camp

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Ages 4-12 years      9am-12pm**

**Mon, Jan 15, 2024**

**HQ Member \$60.00/day**

**HQ Non-Member \$75.00/day**

***For More Information Contact: Gymnastics Department at [gymnastics@hqfit.com](mailto:gymnastics@hqfit.com)***

**Please read carefully before signing.**

This is a release of liability and waiver of certain legal rights. I, \_\_\_\_\_,

the parent/guardian of the participant(s), \_\_\_\_\_ (*child's name*) and/or enrolled participant, agree and understand that Gymnastics is a HAZARDOUS activity. I acknowledge that any activity involving height and motion (such as gymnastics and dance) involve risk of injury, ranging from minor injuries (such as bruises and sprains) to serious or even catastrophic injuries (such as permanent paralysis), or even death.

I parent, hereby agree that, \_\_\_\_\_ (*child's name*) participate in the gymnastics activities and hereby agrees to indemnify and hold harmless HealthQuest of Central Jersey, LLC its coaches, instructors, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in lessons, practice, open gym, meets, camps, or other activities HealthQuest of Central Jersey, LLC. The participant also agrees to indemnify HealthQuest of Central Jersey, LLC for any damages incurred arising from any claims, demand, action or cause of action by the participant. The participant authorizes any representative of HealthQuest of Central Jersey, LLC to have the participant treated in any medical emergency during their participation in any activity while at HealthQuest of Central Jersey, LLC. Further, the participant and /or parent/guardian agree to pay all costs associated with medical care and transportation for the participant. I have noted below any medical/health problems of which the staff should be aware.

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of Payment for charge of \$** \_\_\_\_\_

Cash

Check

Credit Card

Member Charge (CC on File)

**Credit Card #** \_\_\_\_\_ **Exp Date:** \_\_\_\_/\_\_\_\_ **CVV** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_