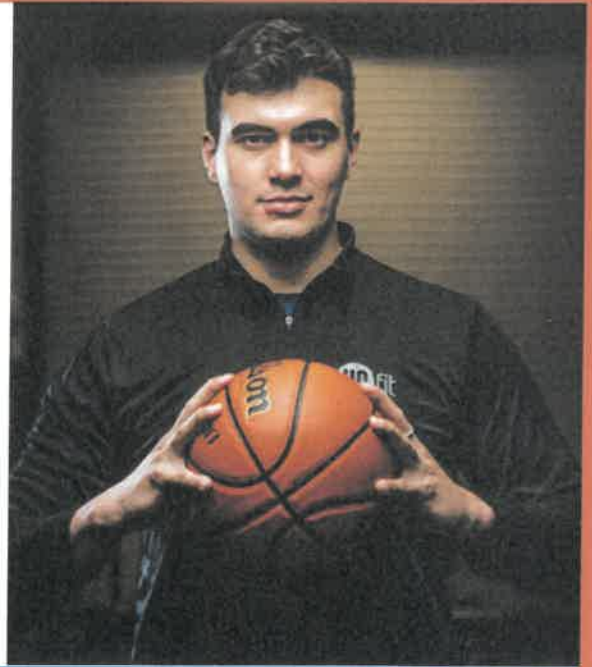




HealthQuest Fitness Club

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

SPORT SPECIFIC TRAINING



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

Ball Handling and Shooting

45 min of intensive ball handling and 45 min of shooting on the shooting machine

Thursday Dec 28th

12:00-1:30/12:45-2:15/1:30-3:00

Friday Dec 29th

12:00-1:30/12:45-2:15/1:30-3:00

Sunday Jan 7th 4:00-5:30/4:45-6:15/5:30-7:00

\$35 per player per day

Advanced Ball handling 30 min /15 min garage /15 min shooting machine.

Monday Jan 8 3:30-4:30/4:30-5:30/6:30-7:30

Tuesday Jan 2,9 3:30-4:30/4:30-5:30/6:30-7:30

Wed Jan 3,10 3:30-4:30/4:30-5:30/6:30-7:30

\$25 per player per day

MUST REGISTER IN ADVANCE WITH COACH CANDACE -LIMITED SPACE



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

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

USA Basketball Clinics 2024

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

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Ball Handling and Shooting Clinics \$35 per Player/time

45 min intensive ball handling – 45 min shooting machine

Thurs Dec 28	<input type="checkbox"/> 12:00-1:30	<input type="checkbox"/> 12:45-2:15	<input type="checkbox"/> 1:30-3:00
Fri Dec 29	<input type="checkbox"/> 12:00-1:30	<input type="checkbox"/> 12:45-2:15	<input type="checkbox"/> 1:30-3:00
Sun Jan 7	<input type="checkbox"/> 4:00-5:30	<input type="checkbox"/> 4:45-6:15	<input type="checkbox"/> 5:30-7:00

Advanced Ball Handling \$25 per Player/time

30 min adv ball handling – 15 min garage – 15 min shooting machine

Mon Jan 8	<input type="checkbox"/> 3:30-4:30	<input type="checkbox"/> 4:30-5:30	<input type="checkbox"/> 6:30-7:30
Tues Jan 2	<input type="checkbox"/> 3:30-4:30	<input type="checkbox"/> 4:30-5:30	<input type="checkbox"/> 6:30-7:30
Wed Jan 3	<input type="checkbox"/> 3:30-4:30	<input type="checkbox"/> 4:30-5:30	<input type="checkbox"/> 6:30-7:30
Tues Jan 9	<input type="checkbox"/> 3:30-4:30	<input type="checkbox"/> 4:30-5:30	<input type="checkbox"/> 6:30-7:30
Wed Jan 10	<input type="checkbox"/> 3:30-4:30	<input type="checkbox"/> 4:30-5:30	<input type="checkbox"/> 6:30-7:30

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 or 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

HQ Member Charge

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____