



HealthQuest Fitness Club  
310 Hwy 31N • Flemington, NJ • [hqfit.com](http://hqfit.com)

## SHOOTING AND BALL HANDLING WORKOUTS

In season work outs are the key to getting game time!  
These 1-hour clinics will focus on shooting form and ball handling for each individual - Things team practices do not work on.  
Become a threat on offense!



## Boys and girls ages 9 and up

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

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

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

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

### **DROP IN \$25 CLASS**

**Pre- register for \$20 class** (must submit form at least a week prior to class)

**OR \$100 month and take as many classes as you would like!**

# Starts Jan 2, 2024

For more info, call 908.782.4009, ext. 234 or email [Bunnell@hqfit.com](mailto:Bunnell@hqfit.com)

# Shooting and Ball Handling Workouts 2024

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Drop In \$25/class or Pre-Registered (1wk in advance) - \$20/class  
\$100/month – Take as many classes as you like

## Monday

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

## Tuesday

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

## Wednesday

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

## Thursday

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

## 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: \_\_\_\_\_