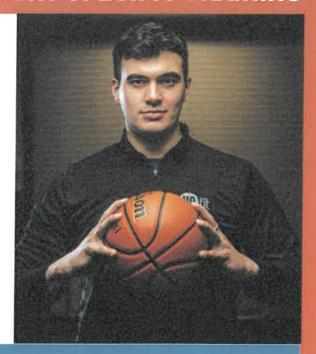
SPORT SPECIFIC TRAINING



Team practice is not enough!

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



BASKETBALL PRIVATE LESSONS

BUILD YOUR OWN LESSON 30 MIN PRIVATE \$40 60 MIN PRIVATE \$75 60 MIN GROUP \$50 PLAYER

COMBOS AVAILABLE*

BUILD YOUR OWN LESSON*

30 MIN STRENGTH/AGILITY/VERTICAL

30 MIN SHOOTING FORM /SHOOTING

MACHINE

30 MIN BALL HANDLING/CREATING

YOUR OWN SHOT



CONTACT Coach Candace to schedule

LESSONS SCHEDULED BASED ON INSTRUCTOR AVAILABILTY

Basketball Private Lessons

| Participant's Name: | | Date of Birth:/ | | | | |
|--|---|--|--|---|--|--|
| Address: | | City | | State | Zip | |
| Home Phone #: | | Email Address: | | | | |
| Emergency Contact: _ | ergency Contact:Cell Phone #: | | | | | |
| | | Build your ow | n lesson | * | | |
| 30 Min Private | \$40 | _ 60 Min Priva | te \$75 | 60 Min 0 | Group \$50/player | |
| | *Les | sson Combinat | ions ava | ilable | | |
| | 30 | Min Strength/a | gility/ve | rtical | | |
| | 30 Min \$ | Shooting form/s | shooting | machine | | |
| | 30 Min Ba | II Handling/Cre | ating yo | ur own shot | | |
| | | Total: | | | | |
| · N | O Refunds o | nce enrollment a | nd payme | nt is processed | | |
| Cancellation Policy: There by HealthQuest. No cancell must be evidenced | ations will be ac | ncellation fee once the scepted after the progr ste. All credit requests | am begins. | Credit requests due to | injury or extended illness | |
| | | RELEASE STA | TEMENT: | | | |
| I, the parent/guardian of the re HealthQuest of Central Jersey, LLC and in consideration for HealthC discharge, and/or otherwise indemn sponsors, their employees, and as claim by or on behalf of the registra that the athlete is covered by healt for the participant of the program to by a duly licensed Doctor of Medici | C., its affiliated orgouest of Central July HealthQuest of sociated personnent as a result of the h/accident insural be transported for | panization and sponsors. ersey, LLC. accepting the foundation of Central Jersey, LLC., it let, including the owners he registrant's actions. Ince secured independent or emergency medical cal | Recognizing e registrant fo s officers, coa of the fields a affirm that the tly. As parent re. I hereby a pe given unde | the possibility of physicar its league programs an ches, managers, referee nd facilities utilized for the registrant is in sound phyguardian or the registra uthorize consent for eme | al injury associated with leagues d activities, I hereby release, es, its affiliated organizations and le league program, against any sysical and healthy condition and int, I hereby give my permission ergency medical care prescribed | |
| Signature of Pare | nt/Guardian | | | | | |
| | | | | | | |
| | | Method of Pa (PLEASE CI | | | | |
| Cash | Check | Credit Card | Membe | er Charge (CC on | File) | |
| Account Number | | | | Expiration Date | | |
| Signature: | | | | | Date: | |