



SHOOTING AND BALL HANDLING WORKOUTS

HealthQuest Fitness Club
310 Hwy 31N • Flemington, NJ • hqfit.com

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 12:30-1:30/1:00-2:00/1:30-2:30/2:00-3:00/4:30-5:30

Tuesday 12:30-1:30/1:00-2:00/1:30-2:30/2:00-3:00/2:30-3:30

**Wednesday 12:30-1:30/1:00-2:00/1:30-2:30/2:00-3:00/2:30-3:30
3:30-4:30-4:30-5:30**

Thursday 12:30-1:30/1:00-2:00/1:30-2:30/2:00-3:00/5:00-6:00

DROP IN \$25 CLASS

OR \$200 for the summer session and take as many classes as you would like!

Summer session July 8th – Aug 29

Summer Workouts

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

Shooting and Ball Handling Workouts Summer 2024

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

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Drop In \$25/class or
\$200 for Summer Session – Take as many classes as you like.

Monday

- 12:30-1:30
- 1:00-2:00
- 1:30-2:30
- 2:00-3:00
- 4:30-5:30

Tuesday

- 12:30-1:30
- 1:00-2:00
- 1:30-2:30
- 2:00-3:00
- 2:30-3:30

Wednesday

- 12:30-1:30
- 1:00-2:00
- 1:30-2:30
- 2:00-3:00
- 2:30-3:30
- 3:30-4:30
- 4:30-5:30

Thursday

- 12:30-1:30
- 1:00-2:00
- 1:30-2:30
- 2:00-3:00
- 5:00-6:00

Total \$ _____

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 (CC on file)

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____