



HEALTHQUEST
FITNESS CLUB

SCHOOL'S OUT GYMNASTICS CAMP

NOV 7 & 8
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 or call the Program
Desk at (908) 782-4009, x233 to Register!





Gymnastics School's Out Camp

Participant's Name: _____ DOB: ____/____/____

Legal Guardian Name: _____ Cell # _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Home Phone # _____

Ages 4-12 years

9am-12pm

Thu Nov 7, 2024

Fri Nov 8, 2024

HQ Member \$60.00/day

HQ Non-Member \$75.00/day

For More Information Contact: Gymnastics Department at 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:** _____