

JAN 20TH AND FEB 17TH

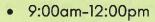


GIRLS 4-7 YEARS OLD





JOIN US FOR A MAGICAL DAY



- Bring snacks and drinks
- Crafts, dress up, and fun!

AGES 4-7 \$50/DAY HQ MEMBER \$65/DAY NON-MEMBER



HealthQuest Fitness Club 310 US-31, Flemington, NJ 08822



www.hqfit.com

bunnellehafit.com



School's Out – Princess Camp 4-7yrs Camp Day is 9am-12pm

Forms received after 12 noon Thursday the week prior to the camp are subject to a \$5 late fee. Payment in full is due at registration. No refunds.

Child's Name:			DOB:	Ago:
Allergies/Special Needs:				
Pick Up Password:				
Parent/Guardian's Name:				
Phone: (w)				
Address:	Cit	ty:	State:	Zip:
Email Address:				
_	chool's Out			
3	Girls Ages 4-7		•	
Join us for a magical day of crafts, dress up and fun!				
Campers must bring snacks and a drink				
	•			
Monday Ja	nuary 20, 2025		Monday February	y 17, 2025
Please se	elect: HQ Mei	mber \$50	Nonmember \$6	35
(Child must be an active Member to receive Member pricing)				
(MUST have	a minimum of 5 pre-	registered att	endees for camp	to run)
	Total Balance Due	e: \$		
I, the parent/guardian of the registrant, a minor, or a organization and sponsors. Recognizing the possib league programs and activities, ! hereby release, organizations and sponsors, their employees, and a the registrant as a result of the registrant's actions. independently. As parent/guardian or the registrant for emergency medical care prescribed by a duly lick well being of my dependent.	oility of physical injury associated with leag discharge, and/or otherwise indemnify associated personnel, including the owne I affirm that the registrant is in sound phy I hereby give my permission for the parti	gues and in consideration for HealthQuest of Central Je ins of the fields and facilities ysical and healthy condition icipant of the program to be	or HealthQuest of Central Jersey, LLC rrsey, LLC., its officers, coaches, m utilized for the league program, again and that the athlete is covered by heat transported for emergency medical ca	C, accepting the registrant for its anagers, referees, its affiliated nst any claim by or on behalf of alth/accident insurance secured are. I hereby authorize consent
	Method o	of Payment		
(PLEASE CIRCLE)				
Cash Ch	eck Credit Car	d Membe	er Charge (CC on I	-ile)
ccount Number			Exp Date:	CVV:
ignature:			Date:	