



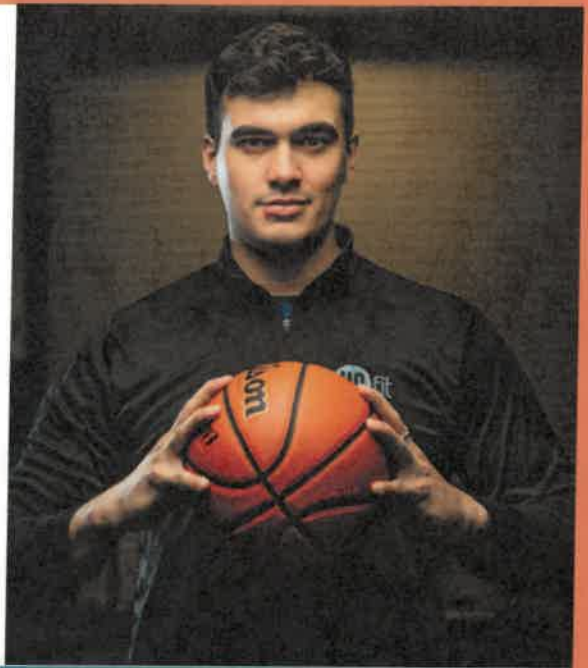
HealthQuest Fitness Club

310 Hwy 31N • Flemington, NJ • hqfit.com

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.



PRIVATE BASKETBALL LESSONS

Please fill out form and email completed form to schedule your training session

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

bunnell@hqfit.com (email preferred)

LESSONS SCHEDULED BASED ON INSTRUCTOR AVAILABILITY

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

Basketball Private Lessons

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

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

Build your own lesson*

___ 30 Min Private \$40 ___ 60 Min Private \$75 ___ 60 Min Group \$50/player

*Lesson Combinations available

30 Min Strength/agility/vertical

30 Min Shooting form/shooting machine

30 Min Ball Handling/Creating your own shot

Total: _____

NO Refunds once enrollment and payment is processed

Cancellation Policy: There is a \$25.00 cancellation fee once the enrollment form is received unless the program is cancelled by HealthQuest. No cancellations will be accepted after the program begins. Credit requests due to injury or extended illness must be evidenced by a doctor's note. All credit requests must be made within 7 days of the injury or illness.

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 league 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 & sponsors, their employees, and associated personnel, including the owners of the fields and facilities utilized for the league program, against an 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 & 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 of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb well being of my dependent.

Signature of Parent/Guardian : _____

Method of Payment (PLEASE CIRCLE)

Cash

Check

Credit Card

Member Charge (CC on File)

Account Number _____ Expiration Date: _____

Signature: _____ Date: _____