



PICK UP BASKETBALL



HIGH SCHOOL

Wednesday
nights
6:30pm - 8:00pm

email Coach Candace for details

Starts April 29th - May
27th

Full court pick-up games

\$150 per player
limited space

Nothing but Net
participants
\$100 per player

A close-up, angled view of a basketball's textured surface. The words 'PICK UP' are overlaid in large, bold, white letters with a slight shadow effect.

PICK
UP

For registration and more details, contact Coach Candace at bunnell@hqfit.com

HS Pick Up Basketball Registration Form

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

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Emergency Contact: _____ Emergency Phone: _____

April 29th 2026 – May 27th 2026

Wednesday Nights 6:30-8:30pm

HQ Member \$150 Non Member \$150

Nothing but Net participants \$100

NO Spectators or Walk Ins allowed. MUST PRE-REGISTER

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 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 wellbeing of my dependent.

Signature of Participant or Parent/Guardian (if under age 18) _____

**Method of Payment
(PLEASE CIRCLE)**

Cash

Check

Credit Card

Member Charge

CC Number _____ Exp Date: _____ CVV _____

Signature: _____ Date: _____