

**JULY 8th - 31st** 



Utilizes Tumble Track & Competitive Gym Area



TUES & THUR 5:00 - 6:30PM



For Girls Ages 7-13

(Must have a solid round-off to participate)



HQ Members: \$285 Non-Members: \$335

#### **REGISTER NOW! SPACE IS LIMITED!**

Sign Up Now at HQ Program Desk

(908) 782-4009, Ext. 233 • programdesk@hqfit.com

### **Questions?**

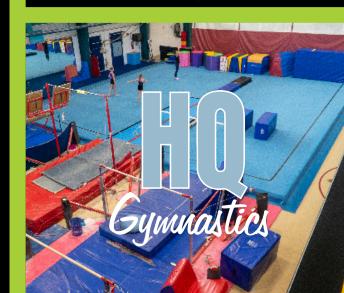
Contact HQ Gymnastics at gymnastics@hqfit.com



# WITH VIVIANA BLANCO

**MASTER THESE SKILLS:** 

- WALKOVER
- BACK HANDSPRING
- ROUNDOFF BACK HANDSPRING
- BACK TUCK
- AERIALS & more!







## Cheer Tumbling Clinic

Participant's Name: DOB:/				
Legal Guardian Name: Cell # _				ell #
Address:				
City:			_ State:	Zip:
mail: Home Phone #				
Ages 7-13	years	Tuesday	s & Thursda	nys, 5:00-6:30pm
C	linic Date	es: July 8, 10,	15, 17, 22, 2	4, 29, 31
HQ Member \$285			Non-Member \$335	
Clinic w		e Competitive Gy s at the discretio		n Training Center coaches.
For More Inform	ation Cont	act: Gymnastics	Department	at gymnastics@hqfit.com
	Ple	ease read carefully	before signing.	
This is a release of liability and	waiver of cert	ain legal rights. I,		<del>-</del> -
participant, agree and understa	and that Gymn cs and dance)	astics is a HAZARD involve risk of injury,	OUS activity. I ack ranging from mind	( <i>child's name</i> ) and/or enrolled nowledge that any activity involving heigh or injuries (such as bruises and sprains) to
and hereby agrees to indemn agents and employees agains lessons, practice, open gym, agrees to indemnify HealthQu or cause of action by the partichave the participant treated in Jersey, LLC. Further, the pa	fy and hold hat any liability in meets, camps est of Central cipant. The participant and /	armless HealthQuestresulting from any irst, or other activities Jersey, LLC for any rticipant authorizes a mergency during the for parent/guardian	of Central Jerse njury that may occ HealthQuest of C damages incurred any representative ir participation in a agree to pay all	ne) participate in the gymnastics activities y, LLC its coaches, instructors, directors cur to the participant while participating in Central Jersey, LLC. The participant also diarising from any claims, demand, action of HealthQuest of Central Jersey, LLC to my activity while at HealthQuest of Central costs associated with medical care and f which the staff should be aware.
Legal Guardian Signature:			Date:	
Ма	hod of Pavi	ment for charge	of \$	
Cash	Check	Credit Card		narge (CC on File)
Credit Card #			Ехр 🛚	Date:/ CVV
Signature: [				Date: