

SWISH



BETTER BASKETBALL TRAINING

WITH  **PARISI**
SPEED SCHOOL

BOYS & GIRLS AGES 8-17

Oct 17,24 Nov 7,14 4 weeks

Thursdays 5:00-6:00

\$120 (\$60 to Parisi \$60 to Healthquest)

Limited Space!

SHOOTING TECHNIQUE

30 MIN W/ COACH CANDACE

Focus on Learning to Shoot when Fatigued - Correct Form & Muscle Memory, Shooting Skills & Development

SPORT SPECIFIC TRAINING

30 MIN AT PARISI SPEED SCHOOL

Our basketball-specific training will help:

INCREASE • Acceleration to basket or loose ball
SPEED • Breakaway speed

INCREASE • First step
QUICKNESS • Ability to evade defense
• Reaction to opponent

INCREASE • Vertical Jump to block shots
TOTAL BODY • Rebounding ability
STRENGTH • Chance of avoiding injury



Register w/ Coach Candace at bunnell@hqfit.com



HEALTHQUEST
FITNESS CLUB

310 Hwy 31 N • Flemington, NJ • HQFIT.COM



COACH CANDACE BUNNELL

HealthQuest SWISH Better Basketball Training With Coach Candace and Parisi Speed School

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

Parent/Guardian Name: _____

Address: _____ City _____ State _____ Zip _____

Home Phone #: _____ Email Address: _____

Emergency Contact: _____ Cell Phone #: _____

SWISH Better Basketball Training

Ages 8-17 years

Thursdays Oct 17, 24, Nov 7, 14, 2024

\$120 Per Participant**

_____ **5:00-6:00pm**

Total: _____

**** \$60 Charge from HealthQuest & \$60 Charge from Parisi Speed School**

COMPLETED REGISTRATION FORM IS REQUIRED FOR ENROLLMENT

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 of Medicine or Doctor of Dentistry. This care may be given under whatever conditions necessary to preserve life, limb or well being of my dependent.

Signature of Parent/Guardian : _____

Method of Payment
(PLEASE CIRCLE)

Cash Credit Card

Credit Card # _____ **Exp:** _____ **CVV:** _____

Signature: _____ **Date:** _____