



<u>Shirt Size (Team Only)</u>
Child S M L XL
Adult S M L XL
Preferred Number _____

Child's Name _____ **Age** _____ **DOB** _____ **Date** _____

Address _____ **City** _____ **Zip** _____

eMail: _____ **Home Phone # (H)** _____ **(C)** _____

School _____ **Sports Played** _____

How did you hear about us? _____ **Registration: Clinic** ___ **Baseball Team** ___ **Other** _____

Waiver and Release Form

PARTICIPATION IN THE TOMS RIVER SPORTS ACADEMY (TRSA) WILL INVOLVE RIGOROUS PHYSICAL ACTIVITY, WHICH MAY EVEN UNDER NORMAL CIRCUMSTANCES, RESULT IN INJURY. THE PARTICIPANT AGREES TO SAVE & HOLD HARMLESS THE TRSA AND THE OWNER OR LESSOR OF THE FIELD AND ANY AGENT OR REPRESENTATIVE OR EMPLOYEE OF SAME FROM ANY AND ALL LIABILITY FROM INJURIES SUSTAINED BY PARTICIPANT.

Your signature below acknowledges that you have carefully read this waiver and release and fully understand that it is a release of liability. You agree to voluntarily give up any right that you may otherwise have to bring legal action against the facility for negligence or any other personal injury or property damage or loss action.

Guardian/Parent's Name _____ **Signature** _____

Medical Waiver

I hereby authorize the staff of the Toms River Sports Academy to act on my behalf to their best judgement in any emergency medical situation. I have listed any pre-existing medical conditions, allergies, or injuries below and provided the staff with the correct instructions for treatment.

Guardian/Parent's Name (Print Name) _____

Guardian/Parent's Signature _____ **Date** _____

Allergies, Injuries, etc _____

Emergency Contact Person _____ **Relationship** _____

Emergency Phone # (H) _____ **(C)** _____

Fill out below only if you are registering for a team

Insurance Company _____

Group# _____ **Policy#** _____

Total Due _____ **Payment type: Cash** _____ **Check:** _____ **Credit Card** _____

Payment Commitment

I am responsible for the payment of \$ _____ and I authorize TRSA to charge my credit card for any outstanding balances.

If not paying in full, we need valid credit card information filled in below. Card will not be charged unless not paid in full by end of season.

CC# _____ **Exp** _____ **Security Code:** _____

Visa Mastercard
 Amex Debit
 Other _____

By providing an email address above, you will automatically be put on the TRSA eMail list, please check here if you do not wish to receive emails

Received Code of Conduct _____ **Signature** _____