

# Toms River Sports Academy Summer Baseball Camps



\$160/week or both weeks \$290

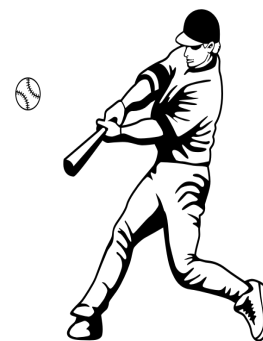
**Session 1** - June 25<sup>th</sup> – June 28<sup>th</sup> \$160  
&

**Session 2** - July 16<sup>th</sup> – July 19<sup>th</sup> \$160  
Mon – Thurs  
10:00 AM - 2 PM  
Ages 7 – 12

**Location: 1 Drake Lane, South Toms River, NJ**

Sorry there are no makeups or refunds  
Rain dates are June 29<sup>th</sup> & July 20<sup>th</sup>

Hitting, Fielding, Pitching, Base Running



COME JOIN US AT ONE OF OUR SUMMER DAY CAMPS AT THE  
ACADEMY TOO.

The players will have instructional drills in the morning from 10:00 AM - 2:00 PM. The TRSA instructors will cover all aspects of the game. Then there will be a ½ hour break for the players to have lunch and ask questions to the coaches. After lunch, the players will be broken up into teams and play an instructional game until 2:00PM. **Each player attending will receive a Toms River Sports Academy tee shirt.**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Shirt Size \_\_\_\_\_

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

**Emergency Contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Session:

\_\_\_\_ Session 1

\_\_\_\_ Session 2

Total Due \$ \_\_\_\_\_

CC # \_\_\_\_\_ EXP \_\_\_\_\_ CSC \_\_\_\_\_

CHECK \_\_\_\_\_ CASH \_\_\_\_\_

*Waiver and Medical Waiver must be signed on back  
Toms River Sports Academy  
1825 Hooper Ave  
Toms River, NJ 08753  
www.TRSportsAcademy.com info@TRSportsAcademy.com*

**732-279-3141**  
**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 of property damage or loss action.

**Medical Waiver**

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

**Child Name** \_\_\_\_\_

**Allergies or pre-existing medical conditions** \_\_\_\_\_

**Instruction for treatment** \_\_\_\_\_

**Guardian/Parent Name** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_