

Toms River Sports Academy
Conducted by the Jersey Shore Wave Coaches
Fall Baseball Camps

Location: **Toms River Intermediate East**
1519 Hooper Ave, Toms River, NJ 08753

Costs

Single Camp - \$55.00,
Two Camps - \$100.00,
All 3 - \$135.00



Dates

- Monday September 10th
- Wednesday September 19th
- Monday October 8th

10^{AM} to 2^{PM}
Ages 7 – 12

Hitting, Fielding, and Base Running
(½ hour lunch, lunch not supplied)



Name _____ Age _____ DOB _____

Address _____ City _____

State _____ Zip _____ Cell Phone _____

Email _____

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

Session:

- _____ Monday September 10th
- _____ Wednesday September 19th
- _____ Monday October 9th

1 Camp \$55.00 _____ Any 2 Camps \$100.00* _____ All 3 Camps \$135.00* _____

** Must be paid in full in order to get discounted rate*

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

www.facebook.com/TRSportsAcademy

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** _____

Reviews

If you enjoyed our camp, please give us a review on

- Google - <http://TRSportsAcademy.com/google.html>
- FaceBook - <http://TRSportsAcademy.com/FB.html>
- Yelp - <http://TRSportsAcademy.com/yelp.html>

Thank you for your appreciate any kind words you could provide us would be greatly appreciated