

Toms River Sports Academy 2018-2019 School Closed Registration

Child's Name _____ Date _____
 Address: _____ City _____ State _____ Zip _____
 Cell Phone: _____ Home Phone: _____
 DOB _____ Age _____ 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

(Camps on shaded days)

TRSA School 2018-2019 Calendar						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
Sept						
9	10	11	12	13	14	15
16	17	18	19	20	21	22
October						
7	8	9	10	11	12	13
November						
4	5	6	7	8	9	10
December						
23	24	25	26	27	28	29
January						
20	21	22	23	24	25	26
February						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
17	18	19	20	21	22	23
24	25	26	27	28		
April						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
14	15	16	17	18	19	20
21	22	23	24	25	26	27

\$25.00 per day

Schedule follows
Toms River School
Calendar

*If interested in
Black Friday or
Good Friday,
please register
and must be paid
in advance.
No refunds, unless there
is not enough interest.*

How did find out about TRSA

Days marked in are camp days.

Must call or register by the day prior to the camp attending.

Please mark an X in the days attending

Days Attending Camp _____

Days Early Drop Off + \$5:00 _____

Days Late Pick Up + \$5:00 _____

Amount \$ _____

In case of an emergency:

1)Name: _____ Contact Number: _____

2)Name: _____ Contact Number: _____

Please list any known allergies _____

Wavier 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.

Medical Wavier

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.

Print Name _____ Signature _____ Date _____

Located Behind
Rand's Plaza

Toms River Sports Academy
1825 Hooper Ave
Toms River, NJ 088753

www.TRSportsAcademy.com
732 279-3141
www.facebook.com/TRSportsAcademy