



**Registration Form**  
 Toms River Sports Academy  
 1825 Hooper Ave  
 Toms River, NJ 08753  
 732 2793141  
[info@TRSportsAcademy.com](mailto:info@TRSportsAcademy.com)  
[www.TRSportsAcademy.com](http://www.TRSportsAcademy.com)

Shirt Size (Team Only)  Child S M L XL  Adult S M L XL  Preferred Number _____
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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 eMail: \_\_\_\_\_ Home Phone # ( H ) \_\_\_\_\_ ( C ) \_\_\_\_\_  
 School \_\_\_\_\_ Sports Played \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Registration: \_\_ Baseball Team \_\_ Clinic Other \_\_\_\_\_  
Waiver and Release Form Clinic Package \$ \_\_\_\_\_ Weeks \_\_\_\_\_ Date \_\_\_\_\_

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 any outstanding balances.*

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