



Trainers of Ruthless Softball  
at

# The Grind

Location: 200 Business Park Drive, Freehold, NJ  
Phone: 732-501-8267 eMail: [A1P@A1Prospects.net](mailto:A1P@A1Prospects.net)



## April 22<sup>nd</sup> – 25<sup>th</sup> 9:00AM – 1:00PM

**Ages 7 & Up**  
*Space is very limited.*

**COST \$220.00**

**Limited Availability**

All campers are also invited to Friday's 3 hr training that will include Hall Of Famer and 3 time Olympian medalist - Crystl Bustos for a small additional fee of \$20 .

Location: Wemrock Brook School

*Limited Availability (Sorry, due to the schedule for this program, there are no makeup or refunds)*

Name \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

eMail: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Attending Crystal Bustos @ Wemrock Brook School Friday April 26th 3:00PM - 6:00PM**

*By providing an email address, you will automatically be put on the A1P/TRSA eMail list, please check here if you do not wish to receive emails*

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

[Pay Online : A1Prospects.net/springsoftball](http://A1Prospects.net/springsoftball)

CC # \_\_\_\_\_ EXP \_\_\_\_\_ CSC \_\_\_\_\_ CHECK \_\_\_\_\_ CASH \_\_\_\_\_

### **Waiver and Release Form**

PARTICIPATION IN THE ALPHA 1 PROSPECTS(A1P) 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 A1P 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.

Signature: \_\_\_\_\_ Date \_\_\_\_\_