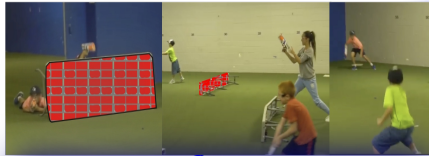


Parents, Drop your kids off for a night of fun and enjoy some time for a dinner, shopping at the mall or just relaxing



**Nerf Wars  
@  
Toms River  
Sports Academy**

**Friday Nights  
Open Night Dodgeball  
Every 1<sup>st</sup> & 3<sup>rd</sup> Friday  
Boys & Girls  
Ages 8-13**

**Friday Night Nerf Wars  
Every 2<sup>nd</sup> & 4<sup>th</sup> Friday  
Boys & Girls  
Ages 7-11**

**TOMS RIVER SPORTS ACADEMY**

1825 Hooper Ave  
Toms River, NJ 08753  
732-279-3141

**7:30 – 9:00**

**COST \$10.00/session**

*Sorry, no makeup or refunds*

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**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 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.

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

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