

Fall 2018 Baseball Pitcher/Catcher Clinic

at
Toms River Sports Academy



1825 Hooper Ave
Toms River, NJ 08753

732-279-3141

www.TRSportsAcademy.com

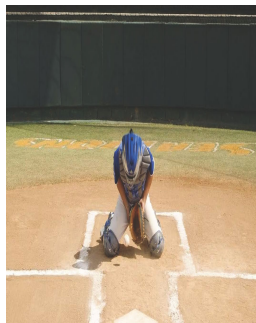
Thursday November 1st – November 29th*
6:30PM – 7:30PM **Ages 7 & Up**

** Session will be held on Wednesday Nov 21st due to Thanksgiving*

COST \$125.00 for 5 weeks

Limited Availability

A non-refundable \$100 deposit is due to hold a spot, remaining balance due at 1st class
Sorry, due to the tight schedule for this program, there are no makeup or refunds



Name _____ AGE _____ DOB _____

Address _____

City _____ State _____ Zip: _____

eMail: _____ Cell Phone _____

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

Emergency Contact _____ Cell Phone _____

Name on Credit Card _____

CC # _____ EXP _____ CSC _____ CHECK _____ CASH _____

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: _____ Date _____