



# Fall 2018 Softball Pitcher/Catcher Clinic

at  
**Toms River Sports Academy**

1825 Hooper Ave  
Toms River, NJ 08753

732-279-3141

[www.TRSportsAcademy.com](http://www.TRSportsAcademy.com)



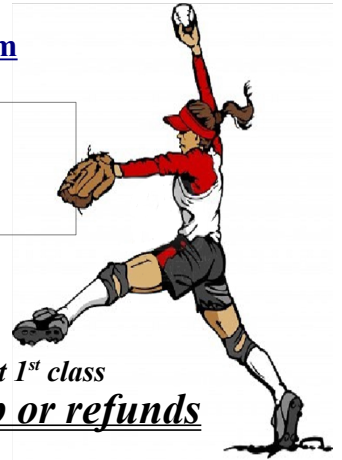
**Mondays October 29<sup>th</sup> – December 17<sup>th</sup>**  
**6:30PM – 7:30PM**      **Ages 7 & Up**

**COST \$200.00 for 8 weeks**

*Limited Availability*

*A non-refundable \$100 deposit is due to hold a spot, remaining balance due at 1<sup>st</sup> 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 \_\_\_\_\_