

# Toms River Sports Academy 2017-2018 School Closed Registration

Child's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 DOB \_\_\_\_\_ Age \_\_\_\_\_ eMail \_\_\_\_\_

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

**(Camps on shaded days)**

How did find out about TRSA \_\_\_\_\_

**Days marked in   are camp days.**

**Must call or register by the day prior to the camp attending.**

Please mark an X in the days attending

Days Attending Camp \_\_\_\_\_

Days Early Drop Off + \$5:00 \_\_\_\_\_

Days Late Pick Up + \$5:00 \_\_\_\_\_

Amount \$ \_\_\_\_\_

<b>Sept</b>						
17	18	19	20	21	22	23
<b>October</b>						
8	9	10	11	12	13	14
<b>November</b>						
5	6	7	8	9	10	11
<b>December</b>						
20	21	22	23	24	25	26
24	25	26	27	28	29	30
<b>January</b>						
14	15	16	17	18	19	20
<b>February</b>						
<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
18	19	20	21	22	23	24
<b>March/April</b>						
<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>
25	26	27	28	29	30	31
1	2	3	4	5	6	7

**\$25.00 per day**

Schedule follows  
Toms River School  
Calendar

*If interested in  
Black Friday or  
Good Friday,  
please register  
and must be paid  
in advance.*

*No refunds, unless there  
is not enough interest.*

**In case of an emergency:**

1)Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

2)Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

**Wavier 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.

**Medical Wavier**

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.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Located Behind  
Rand's Plaza

Toms River Sports Academy  
1825 Hooper Ave  
Toms River, NJ 088753

www.TRSportsAcademy.com  
732 279-3141  
www.facebook.com/TRSportsAcademy