

Ages 5-12

Summer Camp

Toms River Sports Academy

Child's Name _____ Date _____

Address: _____

Cell Phone: _____ eMail: _____

Home Phone: _____ DOB _____ Age _____

Camp Hours

9AM-4PM

Days Attending Camp _____

Copies of immunization are required.

Camp \$ _____ Before/After Care \$ _____

Total \$ _____ - \$5 Before 9AM Open 7:45AM
- \$5 After 4PM Pickup by 5

Please mark an X days attending

Closed 4th of July

Camp \$25/day or Weekly Rates

There is no partial day pricing

Less than 4 Weeks \$125/Week)

4 - 7 Weeks* \$110/Week (5% Savings)

8 Weeks \$828 - 9 Weeks \$932 (10% Savings)

Summer (10 Weeks) \$977 (Savings 15%OFF)

Any weekly programs must be paid in full at registration and there are no refunds.

** Weekly rates are for 5 consecutive days Monday through Friday*

Payments are due at drop off

Credit & Debit Cards are Accepted

June						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

August						
Sun	Mon	Tues	Wed	Thur	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	3

In case of an emergency notify:

1)Name: _____ Contact Number: _____

2)Name: _____ Contact Number: _____

Please list any known allergies _____

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.

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.

Print Name _____ Signature _____ Date _____

Located Behind
Rand's Plaza

Toms River Sports
Academy
1825 Hooper Ave
Toms River, NJ 08753

www.TRSportsAcademy.com
732 279-3141

www.facebook.com/TRSportsAcademy
info@TRSportsAcademy.com

Please fill out reverse side

Toms River Sports Academy
Medication * Allergy * Emergency Contact Questionnaire

Camper Name: _____ Date of Birth: _____

Does the camper have any allergies or medical conditions? ___ Yes ___ No

Copies of immunization are required.

If Yes, please describe allergies or medical condition _____

Are there any Medications that need to be administered to the camper during the day? ___ Yes ___ No

If Yes, please Provide:

Name of

Medication _____

What is being treated?

Who is to administer the Medication?

What is the dosage to be Administered? _____

What are the times/frequencies that the medicine needs to be administer? _____

Please provide instructions for administering the medicine _____

Emergency Contact :

Name _____ Relationship _____

Contact _____

Parent Name _____ Signature _____ Date _____