



•
Private Lessons

•
Speed Camps

•
**Pre-Season
Workouts**

•
Batting Cages

•
Strength Training

•
Team Workouts

•
**Individual
and Family
Memberships**

•
Hitting Leagues

•
**Instructional
Clinics**

•
Video Analysis

Membership Type: _____ Youth _____ Full _____ Limited _____ Family

Full Name: _____

Address: _____

Phone: _____

Date of Birth: _____

Emergency Contact: _____

Phone: _____

EMail Address: _____

MEMBERSHIP APPLICATION

- 1). I hereby represent to All Sport Academy that I am desirous of purchasing the Health Club Membership as set forth in the agreement which I have signed. I further agree to use the facilities in accordance with the rules and regulations of All Sport Academy. The person whose signature appears below, agrees to abide by all rules and regulations of All Sport Academy as are in effect and are subject to change. This is a month-to-month membership starting on the date below at a rate of: _____
- 2). I am familiar with the risks inherent in sports and activities such as those conducted at All Sport Academy and the risk of personal injury to members when undertaking such sports and activities. All Sport Academy encourages members to undergo a complete physical examination before participation in any sports or activities. *I hereby assume all risks of personal injury and/or property damage to myself in any way associated by All Sport Academy.* I hereby release All Sport Academy and its officers, agents and employees from all claims, liability or demand of any kind or account of any personal injury, property damage or other damages arising out of and/or participation in said sports or facility use activities. Further, I confirm I have read and understand this release.
- 3). If I am under the age of 16, parent or legal guardian sign below and agrees to the terms and conditions of this agreement on my behalf.
- 4). I understand that membership cards are not transferable. Failure to abide by this rule will result in forfeiture of membership privileges. *Membership cards are required for admission to All Sport Academy facility at each date and time of use.* Cards must be shown upon request when entering the facility. In case of loss, there will be a charge of \$5 for a replacement card.

Signed: _____

Names of family members (if applicable) _____

Printed Name: _____

Dated (Start Date): ____/____/____

ASA Membership Form Rev. 1 - 7/2006

All Sport Academy

1330 Livingston Ave., Suite 4 • North Brunswick, NJ 08902

732.253.0762 • <http://asa1330.com/>



FACILITY RULES

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- 1). Individual membership cards must be presented for entry and each member must sign in at each date of use.
- 2). ID cards must be shown upon request to all faculty, staff and/or public safety staff.
- 3). This facility may only be used during posted hours of operation, the schedule may be changed to meet the needs of classes and clinics.
- 4). All Sport Academy is not responsible for lost or stolen property.
- 5). Any abuse of equipment or any other part of the facility will not be tolerated and may result in termination of membership as well as liability for damages.
- 6). Equipment must be replaced after each use.
- 7). Sneakers or suitable footwear must be worn at all times in the facility. No cleats or spikes are allowed on the turf area.
- 8). Children less than 13 years of age must at all times be accompanied by an adult responsible for their safety and behavior while in the facility.
- 9). Individuals under the age of 13 are not permitted in the weight room.
- 10). Alcoholic beverages and smoking are strictly prohibited.
- 11). Loud or abusive language will not be tolerated.
- 12). Improper behavior, misuse of equipment, or violation of facility rules may result in termination of your membership.
- 13). Helmets must be worn in the batting cages at all times.
- 14). Collars must be used on weight bars at all times.
- 15). Individuals throwing batting practice must demonstrate to an All Sport Academy staff member that they understand the safety rules of using an L-Screen.

Signed: _____

Printed Name: _____

Dated (Start Date): ____/____/____

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All Sport Academy
How Good Do You Want To Be Today?

HOURS OF OPERATION, DUES, SERVICES

HOURS OF OPERATION:

Monday - Friday 10:00am - 10:00pm
Saturday 9:00am - 10:00pm
Sunday 1:00pm - 10:00pm

NOTE - The hours are subject to change due to scheduled clinics and camps and outside activities. Please call before coming to the facility.

Signed: _____

Names of family members (if applicable)

Printed Name: _____

Dated (Start Date): ____/____/____

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