2015 Summer

Northern Virginia Table Tennis Center

Ping Pong Camp

- Ages 6 to 15
- Monday-Friday, 8:30am-5:30pm
- \$250 per session
- \$60 per day/\$30 half day
- 2 sessions or more has a discount of 10%
- A free NVTTC T-shirt for all campers
- Bring your own lunch

Payment: Mail or drop your payment to NOVATTC

Location: 4264 Entre Ct, Chantilly, VA 20151

Contact: Coach Lu at 571-340-6165 or zl765@hotmail.com

Summer Schedule:

Session 1-June 22-June 26

Session 2-June 29-July 3

Session 3-July 6-July 10

Session 4-July 13-July 17

Session 5-July 20-July 24

Session 6-July 27- July 31

Session 7-August 10- August 14

Session 8-August 17- August 21

Session 9-August 24- August 28

Ping Pong Panda

DAILYSCHEDULE

Hour Monday Tues		Tuesday	Wednesday	Thursday	Friday	
8 30 AM	30 AM Drop of and body					
9:00 AM	Ping pong	Ping pong	Chinese	Ping bong	Ping pong	
10:00 AM	Skill	Skill	Language	Skill	Skill	
11:00 AM	training	training	ping ponq	training	training	
12.00 PM			Skill			
			training			
1:00 PM	Lunch inne					
2:00 PM	Game	Game		Game	···Chinese	
3:00 PM	strategy training	strategy training	Crafts	strategy training	Pasta	
4:00 PM	Body work out	Body work out	Bixty work	Body work out	Boa, work	
5:00 PM	Game: competition	Game competition	Progression Ska	Game competition	Game	
5.30 PM	Dismissal					

^{**}Learn how to make Chinese Pasta from scratch; noodles, all kind of shapes of dumpling and guotie, Campers will enjoy the hand-on figurines.

NVTTC STUDENT REGISTRATION FORM

PARENTAL WAIVER AND CONSENT

Whereas, the Northern Virginia Table Tennis Club (NVTTC), as a service to its members and students, provides various activities for the Northern Virginia Table Tennis Club (NVTTC); Whereas, the undersigned parent or legal guardian of the below named child/children, wishes to take advantage of the program designated below; In consideration for these services, the undersigned parent or legal guardian agrees and represents as follows:

I am the parent or legal guardian of the below named child/children. I herby agree to follow all registration requirements. I understand that there are certain risks of injury inherent in this activity and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated activity and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation.

I agree, in taking advantage of this activity, to release and hold harmless the NVTTC, including its officers, agents, members and volunteers; NVTTC, including its officers, agents, and employees; and any person or persons in charge of running the program (the program coordinator), from any and all claims, demands, suits, costs (including attorneys' fees and litigation costs) and charges, in connection with or arising out of the provided after school program, including but not limited to bodily harm or injury to my child/children. I understand that this release includes any claims based on negligence, action, or inaction of the NVTTC and the program coordinator.

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the program coordinator or other adult present to seek immediate medical care at any facility that this person deems most suitable. I further give my consent for any and all emergency medical treatment for my child/children when the child/children is in this individual's care.

I have read this release and further agree that no oral representations, statements, or inducement apart from the foregoing waiver and consent have been made:

Activity Name, Day & Time:		Start Date:	
Child:	Parent/Guardian:		
Signature of Parent/Guardian:		Date:	

NVTTC STUDENT REGISTRATION FORM

DIRECTIONS	

- 1. Please complete the entire form and print neatly
- 2. Please make sure to clearly print your email address if you do not have an email address please write in a daytime phone number.

 /TTC

NVTTC

Parents/Guardians Name(s)	First	Last
Phone (H):	Phone (W):	Phone (C)
Email:		w i j

Emergency Contact Name(other than listed name above):		3.	
Phone Number:	161		_
Any Special issues/Allergies the coach should be aware of 7	e e e		_

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