

2016 Summer

Northern Virginia Table Tennis Center

Ping Pong Camp

- Ages 6 to 16
- Monday-Friday, 8:30am – 5:30pm
- \$250 per session/\$60 per day
- A free NVTTC T-shirt for all campers
- Bring your own lunch
- If you return this form before 5/31/16 you will get 10% off.

Payment: Mail or drop your payment to NOVATTC

Location: 4264-C Entre Ct, Chantilly, VA 20151

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

Summer Schedule:

Session 1 – June 27– July 1

Session 2 – July 4 – July 8

Session 3 – July 11 – July 15

Session 4 – July 18 – July 22

Session 5 – July 25 – July 29

Session 6 – August 1 – August 5

Session 7 – August 15 – August 19

Session 8 – August 22 – August 26

Session 9 – August 29 – September 2

Ping Pong Panda

DAILY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM	Drop off and body warm up				
9:00 AM	Ping pong	Ping pong	Chinese Language	Ping pong	Chinese Language
10:00 AM	Skill training	Skill training	ping pong Skill training	Skill training	ping pong Skill training
11:00 AM					
12:00 PM					
1:00 PM	Lunch Time				
2:00 PM	Game strategy training	Game strategy training	Crafts	Game strategy training	**Chinese Pasta
3:00 PM					
4:00 PM	Body work out	Body work out	Body work out	Body work out	Chinese Chess/Go
5:00 PM	Game/competition	Game competition		Game competition	Game competition
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 hereby 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: _____

NVTTTC 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.

NVTTTC

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

Emergency Contact Name(other than listed name above):	
Phone Number:	

Any Special issues/Allergies the coach should be aware of ?

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