2018 NOVATTC SUMMER CAMP

ADDRESS: 4264 C ENTRE CT CHANTILLY VA. TEL: 571-340-8356

Registration and Refunds:

Registration and payment for the NOVATTC Kid's Summer Camp must be completed and submitted to the front desk of the NOVATTC located in Chantilly VA. Full payment is required at the time of registration to reserve the child's space. Due to limited space, refunds will not be given.

Participants may sign up for any or all of the weekly camps.

Age Guidelines:

The NOVATTC Kid's Summer Camp is for children ages 6 to 15 years old and no exceptions will be made.

Hours of Operation:

The NOVATTC Kid's Summer Camp hours are Monday-Friday 8:45 am-5:15 pm. Please do not drop off your child prior to the start time of camp. Dates for the camp are June 25-29, July 2-6, July 9-13, July 16-20, and July 23-July 27, July 30-August 3, August 6-10, August 13-17, August 20-24, August 27-31 2018.

Pick-up and Drop-Off Procedures:

Children need to arrive between 8:45-9:00 am and must be picked between 4:00-5:15 pm.

Medical Needs/Allergies:

NOVATTC are not permitted to administer medication to program participants. In the event of a medical emergency, NOVATTC will administer first aid, CPR, and rescue in the best interest of the child. Parents will be contacted if care is administered. Allergy medications may be administered if directed in writing by the child's parent/guardian.

Special Circumstances:

Parents and guardians are required to inform the NOVATTC in writing of any special circumferences which may affect the child's ability to participate fully and within the guidelines of acceptable behavior, including, but not limited to, any serious behavioral problems or special circumstances regarding psychological, medical, or physical conditions.

Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit the NOVATTC to use pictures of my child(ren) as a program participant in promotional literature, videos, and NOVATTC website. I understand my child(ren)'s name(s) will not be published.

I, as parent/guardian of _____("Child"), hereby assume all risks and hazards incidental to the conduct of the activities at NOVATTC Summer camp and transportation to and from the ("Child"), hereby assume all risks and hazards activities. My Child is fit for the program(s) in which I have enrolled him/her. I HERELY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASEES (including reasonable legal fees and costs) AS A DIRECT OR INDIRECT RESULT OF INJURY OR DEATH TO ME OR MY CHILD BECAUSE OF MY CHILD'S PARTITIPATION IN ANY NOVATTC PROGRAMS, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERS TO THE MAXIMUM EXTENT PERMITTED BY LAW. I PROMISE NOT TO SUE RELEASEES ON MY BEHALF OR ON BEHALF OF MY CHILD REGARDING ANY CLAIM ARISING FROM OR RELATED TO MY CHILD'S PARTICIPATION IN ANY NOVATTC PROGRAM(S). I ACKNOWLEDGE THAT, BY SIGNING THIS DOCUMENT, I AM RELEASING NOVATTC, FROM LIABILITY, AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS SIGN UP AND RELEASE FORM IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND IT APPLIES TO ALL ACTIVITIES IN WHICH MY CHILD ENGAGES DURING THE SUMMER CAMP AT NOVATTC, REGARDLESS OF WHETHER SUCH ACTIVITY IS A PART OF A FORMAL PROGRAM. I HAVE READ THIS RELEASE CAREFULLY BEFORE SIGNING. I UNDERSTAND WHAT THIS RELEASE MEANS AND WHAT I AM AGREEING TO BY SIGNING.

I understand that no insurance coverage for participants in these activities is provided by NOVATTC . By registering for this program, I understand and agree that if a portion of the program is unable to be completed due to unforeseen circumstances under responsibility of the NOVATTC, I will receive a prorated credit on my account for the uncompleted portion of the program. I also understand that no refunds or proration will be given for any other reason.

Signature:	Date:
Printed Name:	

Parent

____Guardian

Name and age of Participant(s) (print): ____ Guardian Email: _____ Phone Number: _____

Full Name:	Nickname:	MaleFemale
Participant Date of Birth:	Age	during camp:
Address:		
Guardian Name:		ımber:
Alternative Phone number:	Guardian Email:	
Is this child allergic to anything?	_If yes, explain:	
Is this child currently taking medication?	If yes, explain:	
Does this child have special needs*?	_If yes, explain:	
*Programs are provided for people of all abilities. If the manager prior to the start of the camp. Each request wi		
Please circle below what week(s) this child w	yould like to participate in t	the Kid's Summer Camp June
25-29, July 2-6, July 9-13, July 16-20, and Ju	ıly 23-July 27, July 30-Aug	ust 3, August 6-10,August 13-17,
August 20-24, August 27-31 Number of We	eeks:	x \$110 per week =
Amount Due:Date Paid:		
Participant #2 Information:		
Full Name:	Nickname:	MaleFemale
Participant Date of Birth:	Age duri	ng camp:
Is this child allergic to anything?	_If yes, explain:	
Is this child currently taking medication?	If yes, explain:	
Does this child have special needs*?	If yes, explain:	
*Programs are provided for people of all abilities. If the a manager prior to the start of the camp. Each request		
Please circle below what week(s) this child	would like to participate in	the Kid's Summer Camp:
July 2-6, July 9-13, July 16-20, and July 23	-July 27, July 30-August 3,	August 6-10,August 13-17, August
20-24, August 27-31 Number of Weeks:		x \$250 per week =
Amount Due:		Date Paid:
Total Amount Due (all participants):		Date Paid:
		State: Zip:

Ping Pong Panda

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DAILYSCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday		
8:30 AM	Drop off and body warm up						
9:00 AM	Ping pong Skill training	Ping pong	Chinese	Ping pong	Chinese		
10:00 AM		Skill	Language	Skill	Language		
11:00 AM		training	ping pong	training	ping pong		
12:00 PM			Skill		Skill		
			training		training		
1:00 PM	Lunch Time						
2:00 PM	Game strategy training	Game	Crafts	Game	**Chinese		
3:00 PM		strategy training	Craits	strategy training	Pasta		
4.00 PM	Body work out	Body work out	Body work	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.