

2019 Summer

Northern Virginia Table Tennis Center

Ping Pong Camp

- Ages 6 to 17
- Monday - Friday, 8:30am – 5:30pm
- \$250 per session/\$60 per day, no half days
- Free NOVATTC T-shirt for all campers
- Bring your own lunch
- Register before 05/31/19 and 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 jie7719@gmail.com

Visit novattc.com for rates and additional programs.

Summer Schedule:

Session 1 : June 17- July 21

Session 2: June 24 - June 28

Session 3 : July 8 – July 12

Session 4: July 15 – July 19

Session 5 : July 22 –July 26

Session 6 : July 29 – August 2

Session 7: August 5 – August 9

Session 8: August 12 – August 16

Session 9: August 19 – August 23

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 Skill training	Chinese Language
10:00 AM	Skill training	Skill training			
11:00 AM			Skill training	Skill training	
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					
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.

Waivers and Informed Consent:

By signing this form, I, as parent/guardian, permit the NOVATTC to use pictures of my children as a program participant in promotional literature, videos, and NOVATTC website. I understand my children's name will not be published.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 camp and transportation to and from the activities. My Child is fit for the program in which I have enrolled him/her. I HEREBY RELEASE AND SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS RELEASES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST RELEASES (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 PARTICIPATION 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 RELEASES 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 (print): _____

Parent/Guardian Email: _____

Phone Number: _____

Full Name of participant: _____

Nickname: _____

Male ___ Female ___

Date of Birth: _____

Age during camp: _____

Address: _____

Parent/Guardian Name: _____

Phone number: _____

Alternative Phone number: _____

Parent/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 there is need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp.**

