

2017 Spring Break

Northern Virginia Table Tennis Center

Ping Pong Camp

- Ages 6 to 15
- Duration: April 10th-April 14th
- \$60 per day \$250 /week
- Monday-Friday, 8:30am – 5:30pm
- Bring your own lunch

Payment: Mail or drop your check payment to NOVATTC

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

Contact: 571-340-8356 songhao198846@hotmail.com

Daily Schedule:

8:30am Drop off and unpack

9:00am Body warm up, stretch, and footwork

10:00am Ping pong fundamental skill drill-forehand, backhand, and serving

11:00pm-12:00 Advanced training, private lesson with coach

1:00pm Lunch

2:00pm Ping-pong tournament strategy training/video

3:00pm Ping pong group lesson

4:00pm-5:00 Ping pong in-house league

5:30pm Dismissal

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: _____

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.

NVTTC

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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