## 2021 Summer

### Northern Virginia Table Tennis Center

## Ping Pong Camp

- Ages 6 to 17
- Monday Friday, 8:30am − 5:00pm
- \$275 per session/\$60 per day, no half days
- 2 or more sessions and get 10% for each registered session
- Bring your own lunch
- Need at least 5 campers to open each session

Payment: Mail or drop off payment to NOVATTC

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

Contact: Text 571-337-6437 or email jie7719@gmail.com

Visit <u>novattc.com</u> for other rates and additional programs.

### **Summer Schedule:**

Session 1: June 21 - June 25

Session 2: June 28 – July 2

Session 3 : July 12 – July 16

Session 4: July 19 – July 23

Session 5: August 2 – August 6

## 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 Skill training	Ping pong Skill training	Chinese	Ping pong Skili training	Chinese Language ping pong Skill training		
10:00 AM			Language				
11:00 AM			ping pong				
12:00 PM			Skill training				
1:00 PM	Lunch Time						
2:00 PM	Game	Game	Crafts	Game	**Chinese		
3:00 PM	strategy training	strategy training	Craits	strategy training	Pasta		
4:00 PM	Body work out	Body work out	Body work	Body work out	Chinese Chess/Gn		
5:00 PM	Game/ competition	Game competition		Game competition	Game Competition		
:30 PM	Dismissal				The bar		

<sup>\*\*</sup>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:**

Ву	$\prime$ signing this form, I, as parent/guardian, permi	t the No	OVATTC	to use pi	ctures of my	y children
as	a program participant in promotional literature	, videos	s, and NO	OVATTC	website. I u	nderstand
my	y children's name will not be published.					

L on narant/avardian of	("Child") haraby acquired all risks and
I, as parent/guardian of	
hazards incidental to the conduct of the activities	· · · · · · · · · · · · · · · · · · ·
from the activities. My Child is fit for the program	in which I have enrolled him/her. I HEREBY
RELEASE AND SHALL DEFEND, INDEMNIFY A	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 I	BECAUSE OF MY CHILD'S PARTICIPATION IN
ANY NOVATTC PROGRAMS, WHETHER CAU	SED BY THE NEGLIGENCE OF RELEASEES
OR OTHERS TO THE MAXIMUM EXTENT PER	MITTED BY LAW. I PROMISE NOT TO SUE
RELEASES ON MY BEHALF OR ON BEHALF O	OF MY CHILD REGARDING ANY CLAIM
ARISING FROM OR RELATED TO MY CHILD'S	PARTICIPATION IN ANY NOVATTC
PROGRAM(S). I ACKNOWLEDGE THAT, BY SI	GNING THIS DOCUMENT, I AM RELEASING
NOVATTC, FROM LIABILITY, AND THAT I AM G	GIVING UP SUBSTANTIAL LEGAL RIGHTS.
THIS SIGN UP AND RELEASE FORM IS A CON	NTRACT WITH LEGAL AND BINDING
CONSEQUENCES AND IT APPLIES TO ALL AC	CTIVITIES IN WHICH MY CHILD ENGAGES
DURING THE SUMMER CAMP AT NOVATTC, F	REGARDLESS OF WHETHER SUCH
ACTIVITY IS A PART OF A FORMAL PROGRAM	M. I HAVE READ THIS RELEASE CAREFULLY
BEFORE SIGNING. I UNDERSTAND WHAT TH	IS 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:	<u> </u>
Parent /Guardian:	
Name and age of Participant (print):	
Parent/Guardian Email:	
Phone Number:	

Full Name of participant:
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:

<sup>\*</sup>Programs are provided for people of all abilities. If there is a need for reasonable modification, please answer YES above and speak to a manager prior to the start of the camp.