

2019 Spring Ping Pong Camp

- Ages 6 to 17
- April 15 - 19
- \$250 per week, per person
- \$60 per day, no half days
- Monday-Friday, 8:30am – 5:30pm
- Bring your own lunch

Payment: Mail or drop your check payment to NOVATTC-LLC

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

Contact: 571-337-6437 or 571-340- 6165 or zl765@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

4:30-4:45 Snack time(provided)

4:45pm-5:15 Ping pong in-house league

5:30pm Dismissal

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 I understand my children's name will not be published.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.**

