

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 novattc.com 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

Session 6: August 9– August 13

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 Language	Ping pong Skill training	Chinese Language
10:00 AM			ping pong Skill training		ping pong Skill training
11:00 AM					
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				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.

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 I understand my children's name will not be published.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 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 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 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 (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: _____

*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.