WinTeR CamP

TABLE TENNIS AMERICA

Complete the form and give to our front desk or email to frontdesk@ttamerica.org

Participant's Name :

Participant's Age :

Parent's Name :

Phone Number :

Email Address :

Ping Pong Level :
- ☐ Beginner / Zero Basics
- ☐ Intermediate
- ☐ Advance

USATT Rating :

OTHER EMERGENCY CONTACT :

Full Name :

Relationship :

Phone Number :

CAMP OPTIONS :

Please put a check mark (✓) in the box

WEEK 1 - DECEMBER 21 TO 22

- ☐ FULL WEEK
- ☐ HOT LUNCH
- ☐ EXTENDED CARE

WEEK 2 - DECEMBER 28 TO 30

- ☐ FULL WEEK
- ☐ HOT LUNCH
- ☐ EXTENDED CARE

DROP-IN

FULL DAY	HALF DAY
☐	☐

Please indicate date/s: _____

Add-on/s: _____

PAYMENT AMOUNT : $

Please self calculate the total amount. Refer to the prices below:

FULL WEEK:
Full Day : $360

DROP-IN:
$75/session

ADD-ON:
Hot Lunch: +$36/week or $12/day
Extended Care : +$36/week or $12/day

ADDITIONAL INFORMATION :

Physician's Name :

Phone Number :

Medical Concerns or Allergies :

WAVER OF LIABILITY

I hereby give my approval for my child's participation in any activities by Table Tennis America (TTA) during the camp. In exchange for the acceptance of my child's candidacy by TTA, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless TTA, and all its representatives from any and all liability for injuries to my child arising out of traveling to, participating in, or returning from camp sessions. In case of injury, I hereby waive all claims against TTA including all coaches and affiliates, participants, sponsors, and, if applicable, owners and lessors of premises used to conduct the event. There is a risk of being injured that is inherent in all sports activities, including ping-pong. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

MEDICAL RELEASE & AUTHORIZATION

As parent and/or legal guardian of the named camper, I hereby authorize the diagnosis and treatment of my minor child by a qualified and licensed physician in the event of any medical emergency. The attending physician is hereby authorized to perform all medical or minor surgical procedures, X-rays and vaccinations for the named athlete. I understand that in the event of an emergency resulting from a serious illness, the need for major surgery, or a serious accidental injury, my primary care physician will do everything possible to contact me as soon as possible. This exemption is voluntarily granted solely for the purpose of authorizing emergency treatment in my absence to protect the life and limb of the designated minor child.

PHOTOGRAPHY AND VIDEOTAPING

Throughout the camp, I agree to have my child photographed/video taken during the camp activities. I acknowledged that these images/videos may appear in future program brochures, flyers, email blasts, Facebook pages and other social media platforms of Table Tennis America.

PERSONAL ITEMS POLICY

I understand that the above-named camper is responsible for their items that are lost, stolen or damaged.

For more information and details about Winter Camp 2026, please visit:

https://www.ttamerica.org/winter-camp

I acknowledge that I have read, understand, and agree to the policies and terms by Table Tennis America, as stated above.

Signature over Printed Name of Parent/Guardian