

SUMMER CAMP 2026



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

Participant's Name :

Participant's Age : Ping Pong Level : Beginner / Zero Basics
 Intermediate
 Advance

Parent's Name :

Phone Number : USATT Rating :

Email Address :

COMBO CAMP OPTIONS :

Please put a check mark () in the box

	AM - Ping pong	PM - Ping pong	Extended Care	Hot Lunch
WEEK 1 6/8 - 6/12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 2 6/15 - 6/19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 3 6/22 - 6/26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 4 6/29 - 7/3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 5 7/6 - 7/10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 6 7/13 - 7/17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 7 7/20 - 7/24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 8 7/27 - 7/31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEEK 9 8/3 - 8/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 : \$600

Half Day : \$350

DROP-IN:

Full Day : \$140/day

Half Day: \$80/day

ADD-ON:

Extended Care : +50/week or \$15/day

Hot Lunch: +\$50/week or \$15/day

**Sibling/Friends Discount & Multi-week (3rd week and +) :
 \$20 off/week for Full Day and \$10 off/week for Half Day signups
 **will be issued as account credit or rebate

OTHER EMERGENCY CONTACT :

Full Name :

Relationship : Phone Number :

ADDITIONAL INFORMATION :

Physician's Name : Phone Number :

Medical Concerns or Allergies :

Any other health history we need to be aware of? :

WAIVER 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.

REFUND POLICY

- If a camp is canceled by TTA, a full refund will be issued.
- Booking can be transferred to another person before a camp starts.
- Cancellation requests need to be submitted 2 weeks before a camp's start date at info@ttamerica.org (minus a \$25/wk cancellation fee)
- Cancellations within 2 weeks of camp start will receive club credit minus a \$100 fee per child. The credit can be used for future TTA programs.
- No refunds or credits will be given once the camp week has started.

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

<https://www.ttamerica.org/summer-camp>

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.

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