



Summer Camp

Throughout Summer Vacations (with exception of 26th & 30th June 2015)

- ❖ LEARN TO PLAY TABLE TENNIS AND IMPROVE YOUR SKILLS
- ❖ ALL AGES AND STANDARDS
- ❖ IMPROVE FITNESS, MOVEMENT AND CO-ORDINATION

\$50 per day/\$225 per week
9.00 am – 4.00 pm
(Before/After Care Available)

Ages 8 and above

LIMITED SPACES AVAILABLE – BOOK NOW
678 682 1907

Please direct all inquiries to:

Email: michael@smashtt.com

Telephone: (678) 682 1907

Address:

21620 Ridgetop Circle, Suite 195, Sterling, VA 20166

On the web at www.smashtt.com On Facebook at www.facebook.com/smashtt



Summer Camp Registration Form

Campers Name: _____

Parent/Guardian's Name: _____ Email: _____

Home Tel: _____ Cell: _____

Street Address: _____

City: _____ State: _____ Zip: _____

School Attended _____ Grade: _____ Age: _____

Table Tennis Experience Yes / No

Additional Info: _____

Days of participation: (Circle days you will attend)

Monday Tuesday Wednesday Thursday Friday

Total # of day _____ @ \$50 per day.

Payment Method:

Cash Amount: _____ Check Amount: _____ Check #: _____
(Check should be made payable to SmashTT)

Credit Card (circle one): Visa Master Card

Address if different: _____

City: _____ State: _____ Zip: _____

CC #: _____

Exp date: _____ 3 digit code: _____

Signature: _____ Date: _____



Waiver

**PARTICIPANT RELEASE OF LIABILITY AND
ASSUMPTION OF RISK AGREEMENT**

READ BEFORE SIGNING

Participant Name _____ Email Address: _____

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS SMASH TT LLC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses and liability arising out of or related to any INJURY, DISABILITY OR DEATH I may suffer, or loss of damage to person or property, WEHTHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature Age Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X _____
Participant's Signature Date Emergency Phone Number(s)