

Pleasanton Table Tennis Center

7075 Commerce Circle Suite A, Pleasanton, CA 94588 Tel. 925-948-8238
pleasantontabletennis@hotmail.com www.PleasantonTableTennisCenter.com

Summer Camp Registration Form

Name: _____ Age: _____
 Home Address: _____
 _____ City State Zip Code
 Home Phone: _____ Cell Phone: _____
 Emergency Contact Person: _____ Relationship: _____
 Email address: _____

Please choose the camp sessions you are interested in participating in. We offer morning sessions from 9:00am - 12:00pm.

Session	Morning	Morning Extended Care	Afternoon Extended Care	
06/03-06/07	[]	[]	[]	Half-day morning session: \$280/person/week
06/10-06/14	[]	[]	[]	
06/17-06/21	[]	[]	[]	
06/24-06/28	[]	[]	[]	
07/01-07/05	[]	[]	[]	Morning extended care: 8:00am - 9:00am \$50/person/week
07/08-07/12	[]	[]	[]	
07/15-07/19	[]	[]	[]	
07/22-07/26	[]	[]	[]	Afternoon extended care: 12:00pm - 1:00pm \$50/person/week
07/29-08/02	[]	[]	[]	
08/06-08/10	[]	[]	[]	

Waiver, Release and Assumption of Risk: Pleasanton Table Tennis Center (PTTC) provides and engages in an activity of playing table tennis. My (My child's) participation in this activity is voluntary. I am(My child is) physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am (my child is) participating in this activity. Knowing these risks, I want (my child) to participate in this activity. I (on behalf of my child) hereby assume the risk, and hereby waive, release and discharge the PTTC, its employees, volunteers, instructors and coaches of this activity, from any and all claims for damages for personal injuries or death, or claims for damages to property, which I (my child) may have or which may accrue to my (child's) participation in this activity. I have read and understand that important legal rights are being waived. I consent to the PTTC's use of any photos that are taken of me (my child) while participating in the activity for use in the PTTC's promotions and publications in print and on the Internet. No payment will be made for use of these photos. If you do not want you or your child photographed or videotaped while participating in this activity for use in PTTC's publications or promotions, please contact the PTTC's management.

Signature: _____ Date: _____

Parent/Guardian, if participant is under 18: _____

Make Check payable to PTTC. Total Amount: \$ _____



(510) 585-8859

