Pleasanton TABLE TENNIS

Pleasanton Table Tennis Center

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

Summer Camp Registration Form

First Name: _____ Last Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell Phone: _____

Emergency Contact Person: _____ Relationship: _____

Cell phone No. of Contact Person: _____ Email Address: _____

Please choose the camp sessions you are interested in participating in. See form below for details.

Session	Full Day 9:00-4:00	Morning 9:00-12:00	Afternoon 1:00-4:00	Extended Care 8-9, 12-1, 4-5:30		
6/2-6/6	[ ]	[ ]	[ ]	[ ] [ ] [ ]		Extended Care 8:00-9:00am, 12:00-1:00pm, 4:00-5:30pm
6/9-6/13	[ ]	[ ]	[ ]	[ ] [ ] [ ]		
6/16-6/20	[ ]	[ ]	[ ]	[ ] [ ] [ ]		
6/23-6/27	[ ]	[ ]	[ ]	[ ] [ ] [ ]		Half-Day (morning or afternoon) $350/person/week
6/30-7/4	[ ]	[ ]	[ ]	[ ] [ ] [ ]		
7/7-7/11	[ ]	[ ]	[ ]	[ ] [ ] [ ]		
7/14-7/18	[ ]	[ ]	[ ]	[ ] [ ] [ ]		Full Day Session $480/person/week
7/21-7/25	[ ]	[ ]	[ ]	[ ] [ ] [ ]		
7/28-8/1	[ ]	[ ]	[ ]	[ ] [ ] [ ]		

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 coachers 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 Signature, if under 18: _____

Make Check Payable to PTTC. Total Amount: $_____ Zelle ☐ Cash ☐ Check

Zelle QR code

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