



American Youth Table Tennis Organization

# Student Enrollment Form December Two Day Clinic

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

Student School: \_\_\_\_\_

Parent Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Email \_\_\_\_\_

Parent/ Guardian Phone Number \_\_\_\_\_

## WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

**I hereby enroll my child in one or more of the following Activity(ies): December 29<sup>th</sup> and 30<sup>th</sup> two day table tennis clinic at Fat Cat Table Tennis Club. I hereby consent to the following:**

My child is voluntarily participating in one or more of the above listed Activity(ies) . I assume all risks associated with participating in this Activity(ies), including, but not limited to, falls, injuries, contact with other participants, spectators, others or equipment. Having read this waiver and knowing these facts, and in consideration of your acceptance of this application, I, for myself, my child and anyone entitled to act on our behalf, waive and release American Youth Table Tennis, ZYP! Sports, New York City Department of Education and all sponsors, representatives and successors, from all present and future claims and liabilities of any kind. I also grant permission of the foregoing persons and entities to use or authorize to use any photographs, motion pictures, recordings or any other record of my or my child's participation in this Activity(ies) for any legitimate purpose without numeration.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Are there any medical conditions that we should be made aware of? \_\_\_\_\_

\_\_\_\_\_

In Case of Emergency Please Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

American Youth Table Tennis Organization

PO Box 155

Irvington NY 10533

[www.aytto.org](http://www.aytto.org)

917-686-1911