

TABLE TENNIS

Sunday Academy

Organized in partnership with American Youth Table Tennis (www.aytto.org) and Chinese Community Center of Flushing (www.cccflushing.org). An Olympic sport; Learn: Footwork, counter, service, tactics and loop.

An official New York City High School Varsity Sport. Potential future collegiate scholarships available. All skills are wel-

**SiGN
UP
NOW!**
**CERTIFIED
TABLE TENNIS
COACHES
GRADES 5-12**

WHEN

9/22/2019—6/23/2020

11am-2pm (24 weeks)

WHERE

PS 126, 80 Catherine Street,
New York, NY 10038

CONTACT

PEERU PIRZADA 347-724-9516

www.aytto.org

Register online

<https://aytto.com/Events/Details/93>

COST: FREE! Registration required.

Donation \$30 is welcome to help
cover our cost.

Professional Coach: **Peeru Pirzada**

Student Enrollment & Liability Waiver Form

Student First Name: _____ Student Last Name: _____

Student Grade: _____

Student School: _____

Student Email (optional): _____@_____

Parent Name (First/Last): _____

Parent Address: _____

Parent Email (please print clearly): _____@_____

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): AYTTO Sunday Academy and any event hosted by AYTTO at Public School 126 from 9/16/18 to 6/30/19.

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, 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 medial conditions that we should be aware of? _____

Dismissal: You child will be released from the program at is conclusion. If you need us to release your child with parental signature, please provide additional information here: _____

In case of emergency, please contact: _____

Phone number: (_____) _____ - _____