



American Youth Table Tennis Organization

# Program Enrollment & Event Waiver Form

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

School (if applicable): \_\_\_\_\_ Email: (optional): \_\_\_\_\_

Parent Name (if applicable): \_\_\_\_\_ USATT Member (Yes) (No)

Home Address \_\_\_\_\_  
\_\_\_\_\_

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

## WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

**I herby have enrolled myself and or my child in the Saturday Table Tennis Program at the Alfred E Smith Recreational Center from October 2011 to the last program date or until June 30<sup>th</sup> 2012. 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, New York City Department of Parks and Recreation 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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