



# Summer Camp 2026 Sign-Up Form

Activity Description	Per Camp Fee
SUMMER CAMP DATES  <input type="checkbox"/> Monday, July 6, 2026 through Friday, July 10, 2026 <input type="checkbox"/> Monday, July 20, 2026 through Friday, July 24, 2026	<input type="checkbox"/> \$450 <input type="checkbox"/> \$450

For office use only:  
 Class Type \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

### Contact Information:

Parent / Guardian's Name:	Child's Name:
	Child's DOB:

Mobile Phone	E-mail Address
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### South Bay Table Tennis Release & hold harmless agreement / Authorization for treatment of a minor.

In consideration of the participation of \_\_\_\_\_ (participant), and with complete understanding said participant will take a physical test of ping pong skills, I (we) understand and agree to the following:  
 \_\_\_\_\_ (participant), is hereby given my consent to participate in organized practices, activities and competition at South Bay Table Tennis. I give permission for South Bay Table Tennis to use pictures of my child in the future for publicity use only.

The undersigned does hereby waive, release, acquit and forever discharge South Bay Table Tennis, its officers and directors, collectively and individually, coaches, and adult supervision, and any and all persons directly or indirectly associated with South Bay Table Tennis from any and all acts, cause of action, claims, demands, damages, cost or expenses on account of or which may in any way develop out of any and all known and unknown personal injuries or property damage which the player/participant may suffer during the course of or as a result of the participation at South Bay Table Tennis including, but not limited to, kids classes, group training, private lessons, tournaments, table rentals, open play, or league competition.

I hereby acknowledge that I am the parent and/or guardian of the above mentioned minor. I give authorization to any properly licensed physician or surgeon to provide emergency medical care and/or treatment when necessary. Any expenditure for care and treatment is my responsibility.

Signature of Parent/Guardian	Date	Print Name of Parent	Print Name of Participant
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**\*\*Please return the completed form to us by email at [tabletennissouthbay@gmail.com](mailto:tabletennissouthbay@gmail.com). Or in person at the club address below.\*\***