Kids Class Sign-Up Form

Select any two class times (subject to availability) *No credits or pauses. Make up classes subject to space availability.*		**Fee**
☐ Sundays 2 PM ☐ Tuesdays 4:30 PM	☐ Wednesdays 5:30 PM ☐ Thursdays 4:30 PM	☐ $450 (3 months / 24 classes)

For office use only:
Class Type _____ Start Date _____ End Date _____

Contact Information:

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

Mobile Phone		Email Address	

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.

I (we) understand that there are no pauses, credits or cancellations allowed once registration is completed. Also, there are no refunds of class registration fees. Make up classes may be accommodated, subject to space availability.

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