



American Youth Table Tennis Organization

Student Enrollment & Liability Waiver Form

Student First Name: _____ Student Last Name: _____

Student Grade: _____

Student School: _____ Student Email: (optional): _____

Parent Name: _____ USATT Member (Yes) (No)

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):. Sunday Academy and all Sunday Table Tennis Tournaments, including the Middle School League, in partnership with Public School 126 – Sunday’s Starting 9/25/16 through 6/25/17. 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, 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? _____

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

In Case of Emergency Please Contact _____ Phone Number _____

American Youth Table Tennis Organization
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