

**Dreampong Table Tennis Club
2025-2026 Winter Camps
Registration Form**



1. 2025-2026 Winter Camp Session Date: _____

2. Camper Name: _____

Phone #1: _____

Phone#2 _____

Address _____

Email: _____

Age: _____ **Grade:** _____ **(Entering 2025)**

School: _____

Liability Waiver

Because of rising insurance costs and our efforts to keep our fee reasonable, all campers must cover themselves for any injury or sickness incurred while attending table tennis camp. I hereby authorize and direct the camp staff to exercise and act in their best judgement in the event any medical emergency regarding my child may arise. I confirm that my child is covered by medical insurance. I hereby give permission for emergency medical treatment in the event I cannot be reached. This also assures the table tennis staff that my child is in good physical condition and health and that he/she may participate in all camp activities.

Photo Release and Publicity Waiver

DreamPong Table Tennis Club occasionally takes photos / videos of our campers for educational purposes or publication to our website or community media sources. By signing the release below, you give permission to use these items in various public media. I hereby give permission to Dream pong table tennis club to use pictures and video of my child for the above mentioned purposes.

Parent/Guardian Name(printed): _____

Signature: _____ Date: _____

Make checks payable to: Dream pong table tennis club
Questions? Email coach team at haibojiang0113@gmail.com