

FALL
 SPRING
 SUMMER
 WINTER

Parent/Guardian Information

First Name: _____ Last Name: _____
 Street Address: _____ City/State/Zip: _____
 Mobile Phone: _____ Work Phone: _____
 Email: _____ Relation: _____

Player Information

New Player Returning Player

First Name: _____ Last Name: _____ Gender: _____ M - Male
F - Female

DOB (MM/DD/YYYY) _____ Play Type: Competitive Signature Recreational

School Name: _____ Grade: _____ Years playing table tennis: _____

Club: **Newport Beach Table Tennis Club** Age: _____

Emergency Contact # 1 / Phone: _____

Emergency Contact # 2 / Phone: _____

If applicable, list any medical problems(s)/physical limitation(s) the player has:

Newport Beach Table Tennis Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: **(1)** We agree to abide by the rules of Newport Beach Table Tennis Club and its affiliated organizations and sponsors. **(2)** We recognize the inherent risk of serious or permanent physical injury and possible death associated with table tennis activities and games. In consideration for Newport Beach Table Tennis Club accepting the player's registration and participation in its sanctioned table tennis leagues, tournaments and team travel activities ("Table Tennis Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Newport Beach Table Tennis Club, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for Newport Beach Table Tennis Club, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the table tennis Programs and/or being transported to or from the same, which transportation we hereby authorize. **(3)** We authorize verification of the registrant's date of birth from legal records to be provided to a USATT authorized representative for the limited purpose of verifying the USATT player's age and identity. **(4)** We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. **(5)** We consent to Newport Beach Table Tennis Club taking photographs, video recordings, and/or sound recordings in documenting the activities of Newport Beach Table Tennis Clubs's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Newport Beach Table Tennis Clubs and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Signature of Parent/Legal Guardian _____ Date _____

For Club/League Use Only

Date Received _____ Payment Received _____

Birth Certificate Checked _____ Cash _____