AYTTO Student/Athlete Enrollment and Liability Waiver Form

Please complete each section, including the "Waiver and Release Liability". Please print legibly.

STUDENT INFORMATION

Student Name: _____
First MI Last

Student Grade: _____ Student School: _____

Address: _____ NY _____
P.O. Box / Street City ZIP

Date of Birth (MM/DD/YYYY): ____/____/____ Gender: M _____F _____ Race: _____

Are there any medical conditions that we should be aware of? _____

PARENT INFORMATION

Parent/Guardian Name: _____
First MI Last

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email Address: _____@_____

Parent/Guardian Name: _____
First MI Last

Cell Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Email Address: _____@_____

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

I herby enroll my child in one or more of the following Activity(ies):

2023-2024 AYTTO Scholastic Table Tennis League

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 Organization (AYTTO), 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: ____/____/____