



Burke Table Tennis Clinic 3/13/2016



INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

Dear Athlete:

The Burke Rehabilitation Hospital, along with Tri-State Wheelchair and Ambulatory Athletics are sponsoring a table tennis clinic to be held on the afternoon of March 13, 2016. This event will be held on the Burke campus, 785 Mamaroneck Ave., White Plains, NY 10605.

The following represents the schedule of events:

Time	Event
1:00 PM - 1:30 PM	Review of Table Tennis Rules; brief explanation of classification/groups (handouts will be distributed)
1:30 PM - 2:45 PM	Basic Table Tennis Techniques (serves and strokes)
2:45 PM - 3:00 PM	Break (light refreshments will be served)
3:00 PM - 4:00 PM	Exhibition Matches and Feedback

1. Registration will be limited to the first 20 registrants. ***A pre-registration returnable fee of \$20.00/athlete is required to secure your reservation.***
2. In addition to the registration form, you must complete and sign the Release of Liability and Permission to Photograph/Video Section.
3. The appropriate registration form, fees and release of liability **must be received no later than Thursday, March 10, 2016. Please forward your registration to:**

**Burke Table Tennis Clinic
c/o Carolynne Bethka
84-10 Main St./Apt. 154
Briarwood, NY 11435**

4. For questions on the *clinic or registration*, please contact Carolynne Bethka;

E-MAIL : cbethka14@gmail.com
PHONE: (718) 551 - 4131

5. All attendees are to park in visitor's lots C/D. and report to security at the main entrance (Building 7). You will then be directed to the gym.
6. For directions to Burke, go to <http://www.burke.org/maps> (a map of the campus is included in this package). Click on the direction you are coming from.



REGISTRATION FORM

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Email Address: _____ Date of Birth _____ Age _____
 Male Female
 Team Name (if applicable): _____ Independent
 Coach Name: _____ Coach phone: _____

Classification: Table Tennis Classification (if known) _____ (TT1 - TT11)
 I do not know my classification; however, I: sit stand when I play.

RELEASE OF LIABILITY (required for participants)

In consideration of acceptance of this registration form, I/we hereby for ourselves, our heirs, administrators and assigns, waive and release any and all claims against The Burke Rehabilitation Hospital, Wheelchair & Ambulatory Sports USA, and the Tri-State Wheelchair & Ambulatory Athletics, for all injuries and/or expenses incurred by me/us at the Burke Table Tennis Clinic to be held on Sunday, March 13, 2016.

Printed Name of Competitor: _____
 Signature of Competitor: _____ Date: _____
 Legal Guardian: _____ Date: _____

PHOTO / VIDEO RELEASE

I hereby authorize the Burke/Tri-State to take and use photos and/or video of me during the meet for publicity purposes and/or for use in future programs. I understand that these photos and/or video may be included in printed publications and/or posted on Burke and/or Tri-State websites and social networking sites.

Printed Name of Competitor: _____
 Signature of Competitor: _____ Date: _____
 Legal Guardian: _____ Date: _____

Map of Burke Main Campus (Park in Lots C/D and report to security at Main Entrance - Building 7)

