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:

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

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](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)