



Atlanta International Table Tennis Academy

Membership Registration Form

First Name _____

Last Name _____

Address: _____

DOB: _____

Gender: _____

Phone Number: _____

Email: _____

Monthly membership \$60.00 per Adult/ \$50.00 per junior / \$90.00 per family

Yearly membership \$600.00 per Adult/ \$500.00 per junior / \$900.00 per family

I accept full responsibility for participation and relieve the Atlanta International Table Tennis Academy, coaches, and practice partners of any liability resulting from injury to myself or my child or damage to my property.

Signature: _____

Date: _____

(Parent or Guardian required to sign for child under 18)