

AGTTA
662 Dorsey Circle
Lilburn, GA 30047-4037

**2009 Atlanta Open
Giant Round Robin
Table Tennis Tournament**

for players under 2000 rating

Saturday May 30, 2009

Lucky Shoals Recreation Center
4651 Britt Rd. Norcross, GA 30071

SPONSORED BY

the **Atlanta Gwinnett Table Tennis
Association (AGTTA)**

SANCTIONED BY
USA Table Tennis

as a
One Star
Tournament

**Tournament Director and
Referee**

Wendell Dillon
International Referee

COMMITTEE

Wendell Dillon, Rene Nielsen, and
Patsy Jo Barrett

Also 31 Point Handicap Event

48 Player limit; enter early to be included in
the draw.

Discount for early entry

ELIGIBILITY: Open to all members of the USATT. Non-members may join the USATT by including the membership fee with their entry fee (see entry form for dues). Juniors are players born on or after Jan 1, 92. Players who have never been USATT members may buy a tournament pass for \$10 (one time only).

EVENTS : **Giant Round Robin** - Only 48 players will be accepted.

Handicap –Players must have an official USATT rating **over 1000** and be entered in the Giant RR. Limit 16 players

EVENT & USATT FEES: Round Robin \$48; Handicap \$5; Tournament Processing Fee \$7.

DEADLINE: Saturday May 23. Entry fees must accompany entry form. \$5 discount for entries **received** with payment by Saturday, May 16. \$5 charge for each entry not paid in advance.

PAY BY: Check or money order payable to AGTTA and mail to Wendell Dillon, 662 Dorsey Circle, Lilburn, GA 30047-4037, Phone (770) 923-5110; Cell (404) 502-4195.

FORMAT: **Giant RR** - Play will be in three stages. Preliminary: 8 groups of 6 players. Stage 2: Based on playing records in the Preliminary groups, players will be placed into Championship, Class “A”, “B”, “C”, “D”, or “E” round robin events. Each event will have 2 groups of 4 players. Stage 3 is single elimination of group winners & runners-up.

Handicap – Match is one 31 point game; single elimination. To be played between Preliminary and Event stages.

PROCEDURES: The highest rated player in each preliminary group will be responsible for recording match results and keeping the group on schedule.

Matches: All games (except Handicap) will be to 11 points; Championship event best of 7 from semi-finals; all other matches best of 5 games

Eligibility: Players must be rated under 2000 as of May 16. Handicap players must be rated over 1000.

RULES: The Laws of Table Tennis as published by the ITTF and all USATT regulations will be enforced.

EQUIPMENT: Only USATT approved equipment will be used: 16 Donic tables and nets; orange Butterfly ★★ 40mm balls; Wooden floor.

NOTE: RACKETS: one side of the racket must be bright red, the other side black

CLOTHING: The USATT Dress Code applies. A wide variety of colors and designs is now permitted. The main color of the body of the shirt or shorts may not be orange. Please dress in appropriate athletic attire. Designs or lettering that are distracting to an opponent or are offensive will not be permitted. Socks and rubber-soled, non-marking, shoes must be worn.

REPORTING AND STARTING TIMES: Players must register at the desk not later than 8:45 a.m. Play will begin promptly at 9 a.m. Players not on time may be defaulted for the entire event (and replaced by an alternate) at the discretion of the referee.

AWARDS: Championship: 1st \$200; 2nd \$100; 3rd & 4th \$50 each.

Handicap 1st \$30. Trophies to the winner and runner-up in other events.

PRACTICE: The gym will be open for practice at 8:30 a.m. Saturday.

UMPIRES: Umpires will be provided on request.

UMPIRE EXAM: Umpire exams will be available @ \$15 each. We will grade the exam and evaluate umpiring.

CANCELLATION: The committee reserves the right to cancel the tournament or modify the format based on the number of entries.

31 Point Handicap Event Between preliminary and event rounds Limited to players over 1000 rating

Lucky Shoals Park – Off I-85, 4.8 miles North of I-285, turn South onto Jimmy Carter Blvd and drive 2.1 miles to Britt Road; Turn right on Britt Road 0.4 miles to Lucky Shoals Park on the Left. (Identified by a large aqua colored sign.

Racket Control. We will conduct voluntary and random tests of rackets with the Enez testing device. Rackets failing the test may not be used.

1. No complete regluing will be permitted unless it is with a new sheet of rubber.
2. Partial regluing may be done with the permission and under the supervision of the referee.

Name _____ Phone (____) _____ Rating _____
Mailing _____ Change address; Add to mailing list
Address _____ | USATT membership expires _____
E-mail _____ Club _____
USATT Mbr: Adult \$40 1 yr; \$105 3 yr; Junior \$20 1 Yr \$10 Tournament Pass USATT Fees \$ _____
Date of birth (required for all memberships) _____ Processing fee \$ 7.00
Giant Round Robin \$ 48.00
Please include your club to help us separate you from club members (X) Giant Round Robin \$ _____
() Handicap (\$5.00) \$ _____
 Early entry discount -\$5.00 Late payment \$5.00.....\$ _____
 I want to take the umpire exam \$15.00.....\$ _____
Please enter me in the above event(s). My fees in the amount of \$ _____
are enclosed. I agree to comply with all USATT regulations. I accept full responsibility for my participation and relieve the sponsors and the USATT of any liability for injury to myself or damage to my property. I have signed or will sign the comprehensive liability waiver.

USA Table Tennis
Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement
("Agreement")

Tournament Name: Atlanta Giant Round Robin

Date: May 30, 2009

Tournament Director: Wendell Dillon

Club Name: AGTTA

1. IN CONSIDERATION of being permitted to participate in any way in USA Table Tennis sanctioned events, I and/or my minor child, our personal representatives, assigns, heirs, and next of kin:

2. ACKNOWLEDGE, agree, and represent that I and/or my minor understand the nature of Table Tennis Activities and that I and/or my minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or my minor child will immediately discontinue further participation in the Activity.

3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by me and/or my child's own actions, or inaction, or the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or my minor child incur as a result of my participation in the Activity.

4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;

5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE USA TABLE TENNIS, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

_____ Signature of Participant	_____ Print Name	_____ Date
_____ Signature of Parent/Legal Guardian (If Participant is under age 18)	_____ Print Name of Minor Child	_____ Date