202605 HCTTC CIRCUIT

Sponsored by Joola®

2026-05-02 - 2026-05-03

Howard County Table Tennis Club

www.funplaysports-md.com | 10620 Riggs Hill Rd, Jessup MD 20794

General Manager: Fan Yang **Email**:tourney@funplaysports-md.com

EVENT	DAY	START	COST	PRIZES*	MAX ENTRIES
U-1200 RR	Sunday	09:00 AM	$20 ($15 Jr)	Medals	32
U-1400 RR	Sunday	09:30 AM	$20 ($15 Jr)	Medals	32
U-1600 RR	Sunday	11:00 AM	$20 ($15 Jr)	Medals	32
U-1900 RR	Saturday	09:00 AM	$20 ($15 Jr)	Medals	32
U-2100 RR	Saturday	11:30 AM	$30	1st $100;2nd $50	32
Open RR	Saturday	02:00 PM	$35	1st $150;2nd $80	32

Referee: Fan Yang (Club Umpire)

Rules: Sanctioned by USA table tennis. USATT regulations apply.

Clothing: reference to USATT dress code.

Equipment: Joola tables, nets, red rubber floors and Joola Prime 3-Star Plastic Balls. ITTF/USATT approved equipment only

Format: All events are round robin followed by single elimination. All matches are best 3 of 5. All unrated players are not allowed to advance to the SE round (only except Open event); Players can have a maximum of 2 round robins daily. The General Manager reserves the right to modify or cancel events and/or prize money if there are insufficient entries.

Membership: Proof of USATT membership is required. Membership may be purchased at the tournament. Basic membership is $25/year, Pro plan: $75/year.

Star level: 0-star

2026 HCTTC Circuit Entry Form (register online at: http://omnipong.com, search for HCTT)

Please circle the events you would like to enter:

U-1200 U-1400 U-1600 U-1900 U-2100 Open

Make checks payable to *MDTTA*; pay entry fees (check or cash) on site on the tournament day.
Entries must be received by 8 pm on the Friday before the tournament day.

Name _____ USATT#/Expiration _____/_____ Birth Date: _____

Address_____ City _____ State ____ ZIP _____

Phone: _____ Email: _____ USATT Rating _____

Donation to US national team: $_____

☐ I understand USATT's Safe Sport Policy including the organization's Coaching Policy, which requires that all persons who are engaged in coaching activities at USATT Affiliated Member Clubs and/or USATT Sanctioned Tournaments, except

parents or legal guardians coaching their own children, must be fully Safe Sport Compliant, which includes completing SafeSport Training offered by the US Center for SafeSport every year and undergoing a criminal background screen every two years.

☐ I understand that, pursuant to USATT's Minor Athlete Abuse Prevention Policy, all participants at USATT Sanctioned Tournaments who are over the age of 18 and have regular contact with or authority over minor athletes must complete annual SafeSport Training offered by the US Center for SafeSport.

More information on USATT's Safe Sport Policy is available at: https://www.teamusa.org/usa-table-tennis/athlete-safety/safe-sport. I will abide by all USATT regulations.

Signature (Parent must sign if under 18) _____ Date _____

USA TABLE TENNIS

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Tournament: _____ Date:_____

Tournament Director: _____ Club Name:_____

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, HARASSMENT, EXPOSURE TO INAPPROPRIATE CONDUCT AND LANGUAGE ("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 SEVERE 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:_____

Parent/Legal Guardian Signature _____Print Name:_____ Date:_____ (if under 18):