



MARYLAND TABLE TENNIS CENTER

2026 MDTTC Opens

1/10-11 | 3/14-15 | 5/16-17 | 6/27-28 | 8/22-23 | 10/17-18

mdttc.com | 301-519-8580

Location: **Maryland Table Tennis Center**
18761-Q North Frederick Avenue
Gaithersburg, MD 20879

Event	Fee	Prize	Start Time	Day
1. OPEN*	\$45	\$500/\$250/\$125/\$125	2:00 PM	SAT
2. U2400	\$30	\$150/\$75/\$35/\$35	4:30 PM	SAT
3. U2200	\$27	\$100/\$50	9:00 AM	SAT
4. U2000	\$25	\$50/\$25	11:30 AM	SAT
5. U-15 YR	\$25	Trophy/Trophy	6:00 PM	SAT
6. U1900	\$20	Trophy/Trophy	9:00 AM	SUN
7. U1600	\$20	Trophy/Trophy	11:00 AM	SUN
8. U1300	\$20	Trophy/Trophy	1:00 PM	SUN
9. U1000	\$20	Trophy/Trophy	3:00 PM	SUN
10. U-12 YR	\$20	Trophy/Trophy	5:00 PM	SUN

Open Singles*: There must be at least 8 players to hold the Open event.

Membership: Proof of USATT membership is required. Memberships may be purchased at the tournament. Adult membership is \$75/year or \$210/3 years. Junior is \$45/year (17 years or younger) or \$125/3 years (14 years or younger). College membership is \$45/year. Household is \$150/year. You may also buy a tournament pass for \$20 per tournament.

Directions: From the Beltway (I-495), take I-270 North; take exit 11 (Montgomery Village Ave.). After the first stoplight, merge left. Get ready to turn left at the next traffic light on Frederick Ave (355). Drive 1.2 miles and turn right at Game Preserve Road. Drive about 200 yards and make the first right onto a private road leading to parking lots. Follow the brown Maryland Table Tennis Center sign on your right, up the hill. At the entrance to the third parking lot to your right, you will see another brown MDTTC sign. Follow the arrow and then bear left to the downhill driveway into the parking lot for MDTTC.

Recommended Hotel: Homewood Suites by Hilton Gaithersburg/Washington DC North, 805 Russell Gaithersburg MD 20879

A shuttle to MDTTC is available, check with the hotel prior to booking at 301-670-0008.

Please Circle the Tournament Date Below

1/10-11 | 3/14-15 | 5/16-17 | 6/27-28 | 8/22-23 | 10/17-18

Event Entry Fee: \$ _____

Registration Fee: \$ _____ 8.00

Please circle the events below (or above) you would like to enter:

USATT Membership Fee: \$ _____

1 2 3 4 5 6 7 8 9 10

Donation to USATT National Team: \$ _____

Enter online at Omnipong.com! Or, send entry and payment to MDTTC, 18761-Q N. Frederick Ave, Gaithersburg MD 20879

NAME _____ USATT ID/EXPIRATION _____ / _____ BIRTH DATE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 PHONE _____ EMAIL _____ USATT RATING _____ CLUB _____
 SIGNATURE (Parents must sign if under 18) _____ DATE _____

By entering this tournament, I hereby release the sponsors, directors, USATT, and any individual or corporate body directly or remotely connected with this tournament from any and all actions, claims and demands resulting from loss, damage, or injuries sustained to persons or property. I will abide by USATT regulations and by the decisions of the tournament director and referee



USATT SAFE SPORT PROTOCOL FOR USATT-SANCTIONED TOURNAMENT

- ☐ 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 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](https://www.teamusa.org/usa-table-tennis/athlete-safety/safe-sport). End. 23 02-22

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 _____