

11th ANNUAL BILL MASON MEMORIAL TOURNAMENT

Giant Round Robin One-Star Tournament

Sanctioned by USATT
Saturday, March 18, 2017

IN LOVING MEMORY OF OUR COLLEAGUE, COACH, MENTOR, PTTC VICE PRESIDENT,
USATT REGIONAL UMPIRE, TABLE TENNIS ENTHUSIAST, AND DEAR FRIEND

LOCATION: TUALATIN HILLS ATHLETIC CENTER
15707 SW Walker Rd. (158th and Walker Road)
Beaverton, OR 97006 (503-629-6330)

SPONSORS: Portland Table Tennis Club www.portlandtabletennis.com
Paddle Palace www.paddlepalace.com

TOURNAMENT: DIRECTOR: Cornelius Chan cy_chan98@yahoo.com 503-984-3632
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MEMBERSHIP: New players or players with an expired membership may purchase a membership (\$75 for adults or \$45 for Juniors per year) or a Tournament Pass (\$20 per tournament) using this entry form or Omnipong. USATT requires contact information especially E-mail addresses.

ENTRY DEADLINE: Entries will be limited to the first 75 players who register and pay. All mailed-in entries must be postmarked by Wednesday, March 15th. On-line entries may be made at www.omnipong.com.

REGULATIONS: All USATT regulations apply; only USATT approved equipment may be used.

VENUE: Hardwood floor, Nittaku 3-Star Premium 40+ white plastic balls, 13-DHS Expert Compact Tables, and two Stiga Optimum 30 Tables.

EVENTS: All matches will be 3 out of 5 games to 11 points. The plan is to have 75 players divided into three separate classes of 25 each. Each class then consists of five tables of five players. Draws will be made after the dead-line when all entries are in. By rating the top third will be in Class A, the middle third in Class B and the bottom third in Class C. For the first round-robin, the players of each class will be assigned to their tables by rating serpentine fashion, thus: Number one will play on Table 1..five and six on table 5, seven on table 4 etc.. For the second round-robin, the five table winners of each class will play on Table 1, the five who came in 2nd will play on Table 2 etc.

The tournament committee may need to reduce to two classes at some point when the number of entries is less than 75.

This event is limited to the first 75 players who sign up on a first come, first served basis. We will use the current USATT rating system to conduct all draws. We ask players without a USATT rating to show an estimated rating. Base it on estimates from other tournament players or a coach. A Rating Central Rating can aid us. The tournament committee's decisions are final.

DIRECTIONS:

>From the North--take Freeway I-5 South, then I-405 South toward Beaverton, then US-26 West (Sunset Highway) toward Ocean Beaches.>From the South, take I-5 North, then take Highway 217 Northwest, then US-26 West toward Ocean Beaches.

>From US-26 West, take the Cornell exit, turn left over the freeway, and at the next light turn left on 158th, then turn left at the third stop light onto Schendel and proceed to the rear building (Athletic Center), which contains six basketball courts, with outside basketball courts to the right and soccer field to the left.

ACCOMMODATIONS: Food vendors are within walking distance of the site.

Extended Stay America (formerly Homestead Inn) at 875 SW 158 Beaverton OR is within walking distance, Phone 503-690-3600 or 800-992-2694.

Courtyard by Marriott at 3050 NW Stucki Place, Hillsboro OR 97124. Phone 503-690-1800.

Hilton Garden Inn at 15520 NW Gateway Ct, Beaverton OR 97006. phone 1-888-370-0984

Prize Money:

2nd Round Robin winners for Table 1:

	Class A	Class B	Class C (if used)
1 st place:	\$400	\$200	\$100
2 nd place:	\$200	\$100	\$50
3rd place:	\$100		

2nd Round Robin winners for Tables 2 – 5 in each class: \$20 each

Doors open on Saturday at 8:00AM. Tournament will start at 9:00 AM.

YOU MUST CHECK IN AT THE CONTROL DESK BY 8:45 AM OR RISK LOSING YOUR SPOT IN THE ROUND ROBIN.

TENTH ANNUAL BILL MASON MEMORIAL TOURNAMENT

<u>Item</u>	<u>Remark</u>	<u>Price per Player</u>	<u>Number of Players</u>	<u>Cost</u>
Entry Fee		\$40.00	_____	\$ _____
Tournament Play Pass	Not Current? Pick this one	\$20	_____	\$ _____
or One Year USATT Membership	or this one,	\$75 for Adults, \$45 for Juniors	_____	\$ _____
Total				\$ _____

Make check payable to: PTTC (entry deadline: postmarked by 3/15/2017)

**Send to: Cornelius Chan
17509 NE 182nd Ave
Brush Prairie, WA 98606**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Birthday: ____/____/____

E-Mail Address _____

USATT Membership No: _____ USATT expiration date: ____/____/____

USATT Rating: _____ or Estimated Rating: _____ or Rating Central Rating: _____

Club Affiliation: _____ (Needed to avoid first round conflicts.)

Players must sign the following waiver and send it in with their entry, or sign one when they check in at the tournament.

USA TABLE TENNIS

4065 Sinton Rd, Suite 120, Colorado Springs, CO 80907

Phone 719-866-4583

Fax 719-632-6071

Tournament: 2017 Bill Mason Memorial

Date: 03/18/2017

Tournament Director: Cornelius Chan

Club Name: Portland Table Tennis Club

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

In signing this agreement, I grant permission to Portland Table Tennis Club to use for promotional purposes any photographs, videos or other recordings of myself and any persons in attendance with me taken by authorized parties.

1. IN CONSIDERATION of being permitted to participate in any way in USATT 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 child 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 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 USATT, 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 "RELEASEES", 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

Print Name

Date

If participant is under age 18.