



2020 Georgia Games Championships  
 Table Tennis General Information  
 July 12, 18 & 19, 2020 – Lucky Shoals  
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**-SPORT SPECIFIC INFORMATION-**

Date: Sunday, Saturday & Sunday – July 12, 18 & 19, 2020  
 Site: Lucky Shoals Park Gym  
 Time: See times below

**Sanctioned by USATT as a 2 Star Tournament**

Entry Fee: Adults \$17 each singles event; Doubles \$8 per player. Juniors singles \$13; Doubles \$7 per player; Novice \$17 for adults or juniors. Georgia Cup \$60.00 per team. Juniors and Novice players entering adult events must pay the adult fees.\*South Carolina & Tennessee residents add \$5.00 to entry fee\* Make checks payable to "AGTTA"

Sports Olympiad: Points accumulated by competing will go directly towards winning your school points! 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> places for Each event. See Georgia Games website for more information.

Entry Deadline: Friday, July 10, 2020. Players in Novice event may enter on site by 12:30 p.m. Saturday, July 18.

Events: Men's Singles/Doubles Under 2000 Round Robin (limit of 64 players)  
 Women's Singles/Doubles Novice singles (new players or under 1000 rating)  
 Senior Singles (+40, +50, +60, +70) Georgia Cup, Cadet Cup (USATT affiliated clubs in Georgia only)  
 Junior Singles (10 & under, -12, -14, -16, -18) Junior Doubles (Under 14, -18)  
 Players can enter only one age limited singles or doubles event.  
**Teams:** See separate entry blank mailed to USATT affiliated clubs in Georgia.

Contact: Wendell Dillon (770) 923-5110 email: pong35@mindspring.com  
 Referee: Wendell Dillon, International Referee

**-COMPETITION REGULATIONS-**

Rules: As established by USATT  
 Membership: USATT membership is required for all events except Novice. Membership fees one year: Adults \$75; Juniors and full time college students \$45. Players who are not USATT members may buy a tournament pass for \$20.  
 Ratings: All singles events except Novice, will be submitted for USATT ratings. The Novice event will not be rated.  
 Equipment: Donic tables and nets; White Nittaku Premium ★★ 40+ balls; wooden floor; Novice event Must use rackets provided by GA Games  
 Format: Junior, Novice and Under 2000 are round robin; all other events single elimination; Group winners in Under 2000 advance To Class A, B, C or D based on where they finish in the round robin (groups of 4)

**-SPECIAL INSTRUCTIONS-**

All players except players in Novice only must be USATT members or buy a tournament pass for \$20.  
 Doubles entries may not exceed 800 rating points difference between players  
 Team competition: a separate entry blank will be sent to each Georgia club affiliated with USATT

**-EVENTS & STARTING TIMES-**

<b>SATURDAY</b>		<b>SUNDAY</b>	
9:00 a.m.	Junior Singles (all ages)	9:00 a.m.	*Under 2000 Round Robin
9:30 a.m.	Georgia Cup teams finals	11:00 a.m.	Senior Singles (all ages)
11:00 a.m.	Junior Doubles (Under 14 & Under 18)	11:30 a.m.	Women's Singles
1:00 p.m.	Novice Singles (64 player limit)	11:30 a.m.	Hard Bat Singles
1:30 p.m.	Cadet Cup Teams Finals	12:30 p.m.	Men's Doubles
		12:30 p.m.	Women's Doubles
		2:30 p.m.	Men's Singles
		3:00 p.m.	*Class A, B, C, D Singles

\* Players are placed in class events based on their finish in the Under 2000 Round Robin

Entries: Preferred – enter on the web at [georgiagames.org](http://georgiagames.org) Enter by mail at address at top of next page with a \$5 fee

**DIRECTIONS TO VENUE:**

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 2 Britt Road; Turn Right on Britt Road 0.4 miles to Lucky Shoals Park on left. (identified by large aqua sign). Drive up and turn Toward the gym.



Slight hill and turn into the

# 2020 Georgia Games - Individual Entry Form & Waiver

## GEORGIA GAMES

Please enter and pay at [omnipong.com](http://omnipong.com)

or pay by check payable & mail to:

**AGTTA**

**662 Dorsey Circle  
Lilburn, GA 30047-4037**

Table Tennis Information  
Circle events:

\$17 Men's Singles	\$17 Senior 70+ Singles	\$7 ea Junior 14&U Doubles	Doubles Partner (required)
\$8 ea Men's Doubles	\$13 Junior 10&U Singles	\$7 ea Junior 18&U Doubles	Jr _____
\$17 Women's Singles	\$13 Junior 12&U Singles	\$17 Under 2000 Round Robin	Adult _____
\$8 ea Women's Doubles	\$13 Junior 14&U Singles	Georgia Cup Teams(\$60)	\$____ Total event fees
\$17 Senior 40+ Singles	\$13 Junior 16&U Singles	Cadet Cup Teams (\$30)	\$____ USATT Mbr (\$75 adult; \$45 Jr/College)
\$17 Senior 50+ Singles	\$13 Junior 187U Singles	\$17 Novice	\$____ Tournament Pass \$20
\$17 Senior 60+ Singles	\$17 Hard Bat Singles	USATT# _____	\$____ Out of state (\$5 per player SC & TN)
			\$____ Donation to Georgia Games
			\$____ Donation to USATT Programs
<b>Athlete Information:</b> _____			\$____ Paper entry
Last Name		First Name	Middle Initial
			\$____ Total fees paid

**Street Address/Apt #** \_\_\_\_\_

City State ZIP E-mail

**Phone Numbers:** Daytime Evening Cell Phone

**Academic School Information:** School Grade County

**Email Address** Club

**Date of Birth:** (M/D/Y) \_\_\_\_\_ **Sex:** \_\_\_\_\_ **T-Shirt Size** (Youth: YS, YM, YL or Adult: AS, AM, AL, AXL, AXXL, AXXXL (circle))

### AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participation in the Georgia Games and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

(a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Championships;

(b) Participating or assisting other in participating in the Championships may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) The State of Georgia or any of its agencies, District Sports Festivals, the Georgia State Games Commission, the Georgia Sports Foundations, its commissioners, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;

(b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;

(c) The National Congress of State Games (NCSG), the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors and assigns;

(d) Owners, lessors and leasees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Championships.

(3) I AGREE THAT:

(a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Championships of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

(b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including all advertisements), television, radio or film coverage of the Championships, WITHOUT COMPENSATION.

(4) I CONSENT TO: ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Championships. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

\_\_\_\_\_  
Name of Athlete (print)

\_\_\_\_\_  
Signature of Athlete (at least 18 years of age)

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Date

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Name of parent/Guardian if athlete is mi

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