



Westford TTC Jan 2026 Open Tournament

Westford Table Tennis Club

22 Town Farm Rd, Westford, MA 01886

Jan 4, 2026

Tournament Director: Qiumars Hedayatian Phone: 617-669-5585

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
USATT #: _____ Exp. Date: _____ Rating: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Date of Birth: ____/____/____ (M/D/Y) Gender - Male _____ Female _____
Home Club: _____

The club must be a valid USATT affiliated club of which you are a current member. Club's location will be used for separation of Club Members for the Draw.

The signature below also confirms that I will abide by all USATT regulations.

Signature: _____

PLEASE CIRCLE EACH EVENT YOU ARE ENTERING

1 2 3 4 5 6 7 8

Event Fees (# of Events * Cost Per Event) \$ _____

Processing Fees (Rating Fees and Administration Fees) \$ _____ 5.00

Donation to support USATT National Team \$ _____

USATT Membership Fee (Pro Membership \$75 / Basic Membership \$25) \$ _____

TOTAL DUE \$ _____

EVENT	EVENT NAME	DATE	TIME	FEE	Prize	Limit
1	Open Singles	01/04/2026	1:00 pm	\$40	1 st : \$200, 2 nd : \$100	32
2	U-1000	01/04/2026	9:00 am	\$30	1 st , 2 nd <u>Medals</u>	32
3	U-1200	01/04/2026	9:30 am	\$30	1 st , 2 nd <u>Medals</u>	32
4	U-1400	01/04/2026	10:00 am	\$30	1 st , 2 nd <u>Medals</u>	32
5	U-1600	01/04/2026	9:00 am	\$30	1 st , 2 nd <u>Medals</u>	32
6	U-1800	01/04/2026	11:30 am	\$30	1 st , 2 nd <u>Medals</u>	32
7	U-2000	01/04/2026	11:00 am	\$30	1 st , 2 nd <u>Medals</u>	32
8	U-2200	01/04/2026	12:00 pm	\$40	1 st : \$100, 2 nd : \$50	32

PAYMENT INFORMATION – All Payments Must Be Received in Advance



Westford Table Tennis Club

REFEREE – Donald Hayes (Club Umpire)

MEMBERSHIP – This is a 0-star, USATT sanctioned tournament. Mandatory USATT membership or tournament pass may be purchased with entry. Basic Membership is \$25/year and a Pro Membership is \$75/year. Adult tournament passes are \$50 and Junior Tournament passes are \$20.

EQUIPMENT – Cornilleau 740 tables. Red ITTF standard flooring. Nittaku 3-star premium white plastic (40+) balls. Only ITTF or USATT approved equipment will be used. Clothing; reference to the USATT Dress Code.

FORMAT – All singles events are round robin of 4-6 players, followed by single elimination. Matches are best of 5 games to 11. Most current USATT ratings will be used; all USATT regulations apply. Unrated players are not allowed to advance into the single elimination (SE) draw. However, unrated players may be evaluated 45 min prior to start of event by club coaches or qualifying Pro's and be assigned an estimated rating so s/he may advance into SE draw. Tournament Director reserves the right to modify or cancel events if there is insufficient participation.

PRIZE – Open Singles has a cash prize of \$200 for the winner and \$100 for the runner up. Under 2200 has a cash prize of \$100 for the winner and \$50 for the runner up. Medals will be awarded for all events.

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):