



MICRO MOTION
TABLE TENNIS ACADEMY
微动乒乓学院

2025 MMTTA

PADDLE PALACE ALAMEDA SPRING OPEN

3 STAR

April 04 -- 05



Contact us

TEL: +1 (408) 569-5801

EMAIL: almd@mmtta.io

Address: 2050 Lincoln Ave, Alameda, CA 94501

Website: www.mmtta.io



USA
TABLE TENNIS



**Paddle
Palace**

Tournament Director
Ziyan zhang

Tournament Referee
Boliang Lyu
Certified Referee

Tournament Committee :
Boliang Lyu, Ziyan Zhang

ELIGIBILITY

- A 3-star USATT sanctioned tournament. Proof of USATT membership required for all events.
Rating will be processed through USATT.
- All participants must be USATT or ITTF current members. You must buy USATT membership with the entry form or purchase \$50 Tournament Pass if you are not a USATT or ITTF member.

EQUIPMENT

BALLS: Nittaku Premium 40+ Balls, White

TABLES: We have 12 tables for the match (Stiga Optimum 30)

FLOORING: Rubberized floor on all courts Clothing must be non-white

DEFAULTS

- The tournament referee has the authority to determine a default.
- Have any questions? Please contact us.

FORMAT

- All singles event will start with a round robin followed by singles elimination playoff.

- All USATT regulations, include equipment, conduct, dress, and language apply.
- All the matches are best of 5 games to 11.
- Players must arrive at least 30 minutes before their event starting time.
- Un-rated players may or may not advance from the preliminary round robin at the discretion of the tournament director.
- All decisions made by the tournament referee will be final.
- The Laws of Table Tennis as published by the ITTF and all USATT regulations apply. Games best of 5, first to 11 points. All single events start with round robin groups of 3 or more, then advance to single elimination. Top seeded players may be seeded straight to single elimination in certain events.

RULES & REGULATIONS

- Late entries will be accepted, space permitting, with a \$15 fee.
- Entry deadline: All entries must be received by March 9. Space is limited.
- No refund after the deadline.
- Entries will not be accepted without an entry form & completed full payment to Omnipong.
- Any change in event or cancellation after registration will only be accepted before the deadline and are subject to \$15 processing fees.
- Cancellation or change in the event is only accepted by sending email to, almd@mmtta.io and not to the Omnipong website.
- If there are insufficient entries for some particular program, the event can be canceled, and a refund will then be given.



Schedule

Saturday 11/15

Event	Time	Event Name	1st	2nd	3rd	Fee
1	9: 00 AM	U2000	\$100	\$50	\$25	\$45
2	10: 30AM	U900	\$50GC*	Meda	Medal	\$45
3	11: 30AM	U1800	\$100 GC*	\$50 GC*	\$25 GC*	\$45
4	1: 00 PM	U100	Medal	Medal	Medal	\$45
5	2: 30 PM	U1100	\$75GC*	\$25GC*	Medal	\$45
6	4: 00 PM	U2200	\$150	\$75	\$25	\$45
7	5: 00 PM	U300	Medal	Medal	Medal	\$45

Sunday 11/16

Event	Time	Event Name	1st	2nd	3rd	Fee
1	9: 00 AM	U1300	\$100GC*	\$50GC*	\$25GC*	\$45
2	10: 30AM	U500	Medal	Medal	Medal	\$45
3	11: 30AM	U1500	\$100GC*	\$50GC*	\$25GC*	\$45
4	1: 00 PM	Open Single	\$300	\$150	\$75	\$55
5	2: 30 PM	U700	\$50GC*	Meda	Meda	\$25
6	4: 00 PM	U3500 (Double)	\$150GC*	\$100GC*	\$50GC*	\$45

GC = Micro Motion Gift Card

60+ : Born on or before December 31, 1964

*The prize for the doubles event is for both players.(e.g the price for1st for Double U3500 is \$75GC for each player)



TEL: +1 (408) 569-5801 EMAIL: almd@mmtta.io

Address: 2050 Lincoln Ave, Alameda, CA 94501

ENTRY FORM

Print Name: _____ Phone: _____

Email address: _____ Date of Birth: _____

USATT Membership #: _____ USATT membership expiration date: _____

Indicate by (X) which events you are entering below ()

U100 ()	U 300 ()	U500 ()	U700 ()
U900 ()	U1100 ()	U1300 ()	U1500 ()
U1800 ()	U2000 ()	U2200 ()	Open Single ()
U3500 (Double)			

Event fees: # Events () X \$45 per event = \$ _____

USATT membership fees (\$25/yr, Pro \$75/yr ,Lifetime \$1300, Tournament Pass \$50 & \$20 Junior)

Processing fee \$ 15.00 Please enter in the above events.

OPTIONAL: Donation to support USATT National Team Programs\$ _____

My fees in the amount of Total \$ _____

☐ 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.usatt.org/athlete-resources/safesport>.

Signature _____

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):