

First Name

Mastiff TTC 2025 **December OPEN**

1-star USATT Sanctioned Tournament

SAT, Dec 20, 2025

Sponsoring Club: Mastiff TTC Venue: 123 High Street, Dedham, MA 02026

Tel: 508-505-7166

Tournament Committee: Phyllis Du &

Henry Hu

Referee/Rank: Phyllis Du & Henry Hu

Equipment: Only ITTF or USATT approved equipment will be used: Joola SC3000 tables & white Prime 3-Star ABS table tennis balls.

Gymnasium wood flooring.

Directions: Full directions with a map

appear at

https://mastiffttc.weebly.com/about.html.

No.	Event Name	Date	Time	Fee	1 st	2nd	Limit
1	Open Singles	SAT,12/20/202 <mark>5</mark>	3:30 PM	\$45	\$250	\$125	16
2	U2000	SAT,12/20/2025	1:00 PM	\$40	\$150	\$75	16
3	U1400	SAT,12/20/20 <mark>25</mark>	1:00 PM	\$30	М	M	20
4	U1600	SAT,12/20/2025	11:00 AM	\$35	M	М	20
5	U1200	SAT,12/20/2025	9:00 AM	\$30	М	M	32

M = Medal. All events start with round robins followed by single-elimination playoffs. Match = 3 out of 5 games except as noted. The tournament committee reserves the right to change the draw limit for any event depending on the number of registrants. No prize money will be awarded for defaults, splits or unfinished matches. USATT dress code is enforced. Do not wear white clothing.

ENTRY DEADLINE: Registered by Thursday, December 18, 2025. Late entries will be accepted, by phone or at the door, space permitting.

ENTRY POLICY/RATINGS: USATT ratings of December 18, 2025 will be used. No player may participate in two events that start at the same time or more than three events. **ELIGIBILITY:** USATT membership is required. Members may join or renew at the door. For age events, players must be in their age category as of the tournament date. The tournament committee may estimate ratings for unrated players, who are then eligible to advance to the playoffs.

DEFAULT POLICY: All USATT regulations apply. Players not signed in by an event's starting time may be defaulted.

REFUNDS: Unused fees will be refunded.

Mastiff Table Tennis Club 2025 December Open, December 20, 2025 Table Tennis Tournament

USATT Member ID	Exp Date / /	New Member?	· · · · · · · · · · · · · · · · · · ·
Rating	Telephone () -		USATT Fee \$
Email Address			Basic membership \$25/year or
Street Address			Pro membership \$75/year
City Date of Birth / / Home Club	State Gender M / F / Other	Zip	Optional donation to USATT National Program \$ TOTAL AMOUNT \$
By my participation, I hereby relieve the and tournament committee of any liabilities loss. I agree to comply with all decisions of the USATT regulations.	Payment: Please include heading "December 2025 Open" Zelle: 508-505-7166 phyllis00@hotmail.com Venmo: Phyllis-Du https://venmo.com/u/Phyllis-Du		
Signature: (Parent/Guardian if minor)	Dat	e / /	To register by email: mastiff.ttc@gmail.com Payment Information – Payment Must Be Made in Advance.

Last Name

	Circle the eve	nt(s) y	ou wi	sh to e	nter:
	1	2 3	4	5	
	Total Event Fe	es	\$		
6	Registration & processing Fe		_	.00	
	USATT Fee Basic members Pro members		.,		

USATT SAFE SPORT PROTOCOL ENTRY BLANK TEMPLATE FOR USATT SANCTIONED TOURNAMENTS

□ 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.teamusa.org/usa-tabletennis/athletesafety/safe-sport.











USATABLE TENNIS

Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Tournament: Mastiff TTC 2025 December OPEN Date: 12/20/2025

Tournament Director: Phyllis Du Club Name: Mastiff TTC

- 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 B ELOW; (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 ACC<mark>EPT AND ASSUME ALL SU</mark>CH 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 costwhich 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:	ATT	Print Name:	Date:
Parent/Legal Guardian Sig (if under 18):	nature	Print Name:	Date:
	(A)		

Note: All players are encouraged to check in at least 15 minutes before each of their events.







