

## Athens GA Table Tennis Winter Round Robin

**Where:** East Athens Community Center, 400 McKinley Dr, Athens, GA 30601

**When:** January 19, 2019 – 10:00 am, please arrive and sign-in by 9:45am

**How Much?** \$10 For ACC Residents, \$15 for non-ACC residents

**Preliminary Round Robin:** Participants will be placed in groups of 3-6 participants and will play each other each other in a match, best of 5 games to 11 points. Tournament organizer will use USATT rating and/or skill evaluation to determine seeding in each group.

**Single Elimination Stage:** Based on match records from the preliminary round robin, participants will be placed into groups of 3-8 participants for the single elimination playoffs.

### Prizes:

- Championship Division Champion – Trophy or medal / AGTTC t-shirt
- Lower Division Champions – Trophy or medal / AGTTC t-shirt

**Rules:** The laws of table tennis as written by the ITTF and USATT will be enforced to the best of the organizer's ability.

**Equipment:** 6 tables set up in the main gym. Rackets must be USATT approved. One side of the racket must be bright red, the other side black. DHS D40+ 3 star balls will be used for all events.

**Clothing:** The main color of the body of the shirt or shorts may not be white. Please dress in appropriate athletic attire. Designs or lettering that are distracting to an opponent or are offensive will not be permitted. Socks and rubber-soled, non-marking, shoes must be worn.

**Cancellation:** The organizer reserves the right to cancel the tournament or modify the format based on the number of entries.

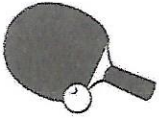
**Practice:** Gym opens on day of tournament for practice to begin at 9:15am

**Registration Process:** Visit <https://secure.rec1.com/GA/athens-clarke-county-leisure-services/catalog>. Look under General Recreation tab and select "Table Tennis Tournament".

OR

Complete the paper registration form and mail to: Athens GA Table Tennis, P.O. Box 1432, Athens, GA 30603.

**Have any questions?** E-mail your question and contact information to [tabletennisathensga@gmail.com](mailto:tabletennisathensga@gmail.com) and Sean will respond promptly.



# Table Tennis Tournament Registration Form

Athens-Clarke County Leisure Services

Return form to: East Athens Community Center/400 McKinley Drive Athens, GA 30601

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female  
(circle one)

Participant Phone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name( if under 18): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Clarke County Resident: Yes / No (circle one)

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_

I, \_\_\_\_\_ hereby waive and relinquish

**(PLEASE PRINT NAME CLEARLY)**

all claims, demands and causes of action that I might have or assert against the Unified Government of Athens-Clarke County, its employees, agents, representatives, including volunteers, arising from my participation. I assume all risks involved in using any equipment, and I acknowledge and recognize the risks involved and the possibility that I may injure myself as a result of participating in this activity. As a participant, I agree to take full responsibility and liability for any temporary or permanent bodily injury/damage that may happen to me while participating, now and in the future including but not limited to, heart attacks, muscle strains, pulls or tears, broken bones or soreness caused during this activity. In consideration of the acceptance of this form, I hereby agree to release and forever hold harmless the Unified Government of Athens-Clarke County, its employees, agents, representatives, including volunteers, from any and all liability due to injury that may result from my participation in the **Table Tennis Tournament.**

Photography Consent - I give permission for the participant to be photographed during Athens-Clarke County Leisure Services activity. Photos may be used for promotional purposes and/or media releases \_\_\_\_\_ (please initial)

Parent/Guardian or Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_