

## TAK9 2025 OCTOBER TOURNAMENT

USATT Sanctioned-Sunday, October 19, 2025, (1 Star)

**ENTRY DEADLINE: Sunday October 12, 2025** 

NO.	<b>EVENT NAME</b>	FORMAT	DAY	TIME	FEE	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>rd</sup> &4 <sup>th</sup>	LIMIT
1	Under 2000	RR/SE*	SUN	2:00 PM	\$40	\$300 + T	\$100 + T	-	20
2	Under 1700	RR/SE*	SUN	11:00 AM	\$30	\$150 + T	\$50 + T	-	20
3	Under 1000	RR/SE*	SUN	09:00 AM	\$30	Trophy	Trophy	-	20

\*RR = Round Robin; SE = Single \*\*

VENUE: 342 Commercial Ave. Unit C Palisades Park, NJ 07650

CHECK-IN: Please check-in 20 min before your event start time.

**HOST: TAK9 CLUB** (551-579-1053)

#### **TOURNAMENT COMMITTEE:**

Changwoo Lim

REFEREE: Changwoo Lim (CU)

**EQUIPMENT:** ITTF approved equipment will be used: Xiom T8 Tables & Nets and Xiom Bravo+ 40+ mm balls. Floor: Sports mat (Blue).

**DEADLINE**: All postal mail entries must be postmarked latest by Sunday, June 1, 2025. Phone entries will be accepted, but the player will not be placed into the draw until payment is received.

FORMAT: Players will be assigned to a Round Robin (RR) group of 3-5 players. Top 1-2 players from each (RR) group will advance and compete in the play-off Singles Elimination (SE) stage. All matches are 3 out of 5 games

**RATINGS**: The latest USATT rating file prior to June 1, 2025, will be used. The estimated rating will be assigned by Tournament Committee if the USATT rating is not available.

**DEFAULT POLICY:** All entries must include full payment in order to be included in the draw(s). All ITTF/USATT regulations apply. Must abide by all USATT rules. If an event is canceled or has reached its limit, the player will be moved to the next highest event.

The tournament committee reserves the right to cancel any event if there are insufficient entries.

**Total Event Fee** 

**REFUND:** Players will be refunded entry fees one week prior to tournament dates. Refunds will not be given for any withdrawals after that date. No refund for no-show participants!

Registration: tak9clubllc@gmail.com, Or www.stadiumcompete.com

WE DO NOT TAKE PHONE ENTRY **DURING THE TOURNAMENT. NO** ENTRY AFTER EVENT STARTED. \$10 LATE FEE.

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## TAK9 2025 October Tournament

# Sunday, October 19, 2025

ENTRY DEADLINE: Sunday Octob	er 12, 2025	Registration Fee	\$ <u>10</u>	
First Name:	Last name:	Late Fee	\$	
USATT Member ID/Expiry Date	/USATT Rating	USATT Membership Fee \$\$25 (basic); \$75 (pro); Adult tournament pass \$50		
Email Address	@New USATT Member?	Junior tournament pass \$20; Lifetime \$1300		
Street Address	City	Optional Donation to TT Team USA National		
State Zip	Phone ( ) -	Program	\$	
Siale Zip	FIIOHE (	<b>Total Amount Due</b>	\$	
Date of Birth (MM/DD/YYYY)/_	/Home Club			

Gender Male / Female

By my participation, I hereby relieve all sponsors, SATTA, USATT, and tournament committee of any liabilities for injury to myself and/or property damage or loss. I agree to comply with all the decisions of the tournament officials. I will abide by all USATT/ITTF regulations.

Signature (Parent/Guardian if minor): \_ \_\_Date\_\_\_\_/\_\_\_

**PHONE ENTERIES:** 

Hyun Woo: 551-579-1053

Circle the event(s) you wish to enter:

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/athlete-safety/safe-sport

### **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 per and/or my minor child, our personal repre		n USA Table Tennis sanctioned events, I t of kin:
2. ACKNOWLEDGE, agree, and represen Activities and that I and/or my minor chil participate in such Activity. I further agree and/or my minor child will immediately dis	d are qualified, in good health, a e that if at any time I believe cond	and in proper physical condition to litions or equipment to be unsafe, I
3. FULLY UNDERSTAND that (a) TABLE TE INJURY, INCLUDING PERMANENT DISA INAPPROPRIATE CONDUCT AND LANGUA and/or my child's own actions, or inaction condition in which the Activity takes place may be OTHER RISKS AND SEVERE SOCIATION for seeable at this time; and I FULLY ACCUSSES, COSTS, AND DAMAGES I and/or may be over the condition of the condit	BILITY, PARALYSIS AND DEATH GE ("RISKS"); (b) these Risks ar , or the actions or inaction of othe , or THE NEGLIGENCE OF THE "REI AL AND ECONOMIC LOSSES eithe CEPT AND ASSUME ALL SUCH RIS	H, HARASSMENT, EXPOSURE TO and dangers may be caused by me ers participating in the Activity, the LEASEES" NAMED BELOW; (c) there are not known to me or not readily SKS AND ALL RESPONSIBILITY FOR
4. HEREBY ACCEPT AND ASSUME A RESPONSIBILITY FOR THE LOSSES, COS PARALYSIS, OR DEATH, EVEN IF CAUSED, NAMED BELOW;	TS, AND/OR DAMAGES FOLLO	WING SUCH INJURY, DISABILITY,
5. HEREBY RELEASE, DISCHARGE, AND administrators, directors, agents, office sponsors, advertisers, and if applicable, (each considered one of the "RELEASEE DAMAGES ON MY ACCOUNT CAUSED OR OF THE "RELEASEES" OR OTHERWISE, INC that if, despite this RELEASE AND WAIVER and/or my minor child, or anyone on my Releases, I WILL INDEMNIFY, SAVE, AND expenses, attorney fees, loss, liability, dame	rs, officials, volunteers, and encounters and lessors of premises of S" herein) FROM ALL LIABILITY, ALLEGED TO BE CAUSED IN WHOLCLUDING NEGLIGENT RESCUE OPLOF LIABILITY, ASSUMPTION OF RIMAND AND MANDESS EACH OF THE COUNTY OF THE PROPERTY	nployees, other participants, any on which the Activity takes place, CLAIMS, DEMANDS, LOSSES, OR LE OR IN PART BY THE NEGLIGENCE ERATIONS; AND I FURTHER AGREE ISK, AND INDEMNITY AGREEMENT I makes a claim against any of the HE RELEASEES from any litigation
6. I HAVE READ THIS AGREEMENT, FULL SUBSTANTIAL RIGHTS BY SIGNING IT, AN ASSURANCE OF ANY NATURE AND INTENLIABILITY TO THE GREATEST EXTENT A AGREEMENT IS HELD TO BE INVALID THE AND EFFECT.	ID HAVE SIGNED IT FREELY AND ND IT TO BE A COMPLETE AND LLOWED BY LAW AND AGREE	WITHOUT ANY INDUCEMENT OR UNCONDITIONAL RELEASE OF ALL THAT IF ANY PORTION OF THIS
Signature of Participant:	Print Name:	_ Date:
Parent/Legal Guardian Signature(if under 18):	Print Name:	Date: