

Westford TTC January 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.	Exp. Date:Rating:				:		
Address:											
City:	State:				Zip:						
Phone:			E	lmail:							
Date of Birth:/	/	(1	M/D/Y	Gender	:: M	ale		Fe	male		
Home Club:											
The club must be a valid USATT affil		•			lub's loca	tion will be	used for se	paration	of Club Members fo	r the Draw.	-
The signature below also confirms that	ıt I will abide by	y all USA	TT regulat	ions.							
Signature:											
DI E	ACE CH	DOI 1				VOI	ADET		DING		
<u>PLE</u>	ASE CII	KCL	L LAC	HEVI		YOU.	ARL I	MIE	RING		
	1	2	3	4	5	6	7	8			
Event Fees (# of Events * C	Cost Per Ev	ent)							\$		
· · · · · · · · · · · · · · · · · · ·											
Processing Fees (Rating Fe	es and Adn	ninistra	tion Fee	es)					\$	5.0)()
Donation to support USAT	Γ National	Team							\$		
	D 14 1	1 . 4	775 / D		1.	Φ2.5			Ф		
USATT Membership Fee (ro Membe	ership \$	5/5 / Bas	sic Memb	ership	\$25)			\$		
TOTAL DHE									¢		
TOTAL DUE									\$		

EVENT	EVENT NAME	DATE	TIME	FEE	<u>Prize</u>	Limit
1	Open Singles	01/04/2026	1:00 pm	\$40	1st: \$200, 2nd: \$100	32
2	U-1000	01/04/2026	9:00 am	\$30	1st, 2nd Medals	32
3	U-1200	01/04/2026	9:30 am	\$30	1st, 2nd Medals	32
4	U-1400	01/04/2026	10:00 am	\$30	1st, 2nd Medals	32
5	U-1600	01/04/2026	9:00 am	\$30	1 st , 2 nd Medals	32
6	U-1800	01/04/2026	11:30 am	\$30	1st, 2nd Medals	32
7	U-2000	01/04/2026	11:00 am	\$30	1st, 2nd Medals	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	y in USA Table Tennis sanctioned events	s, I and/or my minor child, our personal representatives,
assigns, heirs, and next of kin:	1 4 141 4 CT 11 T : A 4:	· · · · · · · · · · · · · · · · · · ·
2. ACKNOWLEDGE, agree, and represent that I and/or my minor und		
good health, and in proper physical condition to participate in such Ac	, ,	I believe conditions or equipment to be unsafe, I and/or
my minor child will immediately discontinue further participation in t 3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES I		C SEDIOUS DODILY INHIDY INCLUDING
PERMANENT DISABILITY, PARALYSIS AND DEATH, HARAS:		
these Risks and dangers may be caused by me and/or my child's own in which the Activity takes place, or THE NEGLIGENCE OF THE "FAND ECONOMIC LOSSES either not known to me or not readily for RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and 4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY NEGLIGENCE OF THE "RELEASEES" NAMED BELOW. 5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO volunteers, and employees, other participants, any sponsors, advertise considered one of the "RELEASEES" herein) FROM ALL LIABILIT ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NERESCUE OPERATIONS; AND I FURTHER AGREE that if, despite AGREEMENT I and/or my minor child, or anyone on my and/or my AND HOLD HARMLESS EACH OF THE RELEASEES from any lisuch claim. 6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ACOMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABIL	actions, or inaction, or the actions or ina RELEASEES" NAMED BELOW; (c) the oreseeable at this time; and I FULLY AC d/or my minor child incur as a result of m N AND UNKNOWN, AND ASSUME A AND USAT THE TESPERS, and if applicable, owners and lessors BY, CLAIMS, DEMANDS, LOSSES, OF EGLIGENCE OF THE "RELEASEES" the this RELEASE AND WAIVER OF LIANT MAIN TO CHILD THE TERMS, UNDERSTAND THAT I HANY INDUCEMENT OR ASSURANCELITY TO THE GREATEST EXTENT AND TH	action of others participating in the Activity, the condition here may be OTHER RISKS AND SEVERE SOCIAL CCEPT AND ASSUME ALL SUCH RISKS AND ALL my participation in the Activity. ALL RESPONSIBILITY FOR THE LOSSES, COSTS, CAUSED, IN WHOLE OR IN PART, BY THE spective administrators, directors, agents, officers, officials, as of premises on which the Activity takes place, (each R DAMAGES ON MY ACCOUNT CAUSED OR OR OTHERWISE, INCLUDING NEGLIGENT ABILITY, ASSUMPTION OF RISK, AND INDEMNITY clinst any of the Releases, I WILL INDEMNIFY, SAVE, lability, damage, or cost which may incur as the result of MAVE GIVEN UP SUBSTANTIAL RIGHTS BY CE OF ANY NATURE AND INTEND IT TO BE A ALLOWED BY LAW AND AGREE THAT IF ANY
PORTION OF THIS AGREEMENT IS HELD TO BE INVALID TH	HE BALANCE, NOTWITHSTANDING	i, SHALL CONTINUE IN FULL FORCE AND EFFECT
Signature of Participant:	Print Name:	
Parent/Legal Guardian Signature	Print Name:	Date: (if under 18):
		((
Please check the boxes below to comply with the Safe Sport Policy	<u>v.</u>	
☐ I understand USATT's Safe Sport Policy including the orga coaching activities at USATT Affiliated Member Clubs and/or own children, must be fully Safe Sport Compliant, which incl year and undergoing a criminal background screen every two	or USATT Sanctioned Tournaments, ludes completing SafeSport Training	s, except parents or legal guardians coaching their
☐ I understand that, pursuant to USATT's Minor Athlete Abu over the age of 18 and have regular contact with or authority of Center for SafeSport.		
More information on USATT's Safe Sport Policy is available https://www.teamusa.org/usa-tabletennis/athlete-safety/safe-sp		