

Newton TTC 2025 OCT OPEN

1-star USATT-Sanctioned Tournament

Oct 11-12, 2025

Sponsoring Club: Newton Table Tennis Center
Venue: Newton TTC, 69 Tyler Terrace, Newton Center, MA 02459. Tel: (617) 818-9960
Tournament Committee: Aabid Sheikh (Director),
Referee/Rank: Aabid Sheikh (CU)
Equipment: Only ITTF/USATT-approved equipment

Joola SC3000 tables & new Select Pro 40+ balls. Wood flooring
Directions: Full directions with map appear at www.newtonttc.com

NO.	EVENT NAME	DAY	TIME	FEE	1ST	2ND	3RD/4TH	5TH-8TH	LIMIT
1	Under 1000	SAT	10:00 AM	\$25	\$100	\$50	-	-	20
2	Under 1400	SAT	1:00 PM	\$30	\$150	\$75	-	-	20
3	Under 1800	SUN	10:00 AM	\$35	\$200	\$100	-	-	20
4	Under 2200	SUN	1:00 PM	\$40	\$300	\$150	-	-	20

T = Trophy. 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 Friday, 10 P.M. Oct 10, 2025. Late entries will be accepted, by phone or at the door, space permitting.

ENTRY POLICY/RATINGS: USATT ratings of June 28, 2024, will be used. No player may participate in two events that start at the same time or more than three events on the same day.

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: USATT rules apply. Players not signed in by an event's starting time may be defaulted.

REFUNDS: Unused fees will be refunded.

ELIGIBILITY: USATT membership is required. Members may join or renew at the door. For age events, players must

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Table Tennis Tournament

First Name	Last Name		
USATT Member ID	Exp Date	/	/
New Member?			<input type="checkbox"/>
Rating	Telephone () -		
Email Address			
Street Address			
City	State		Zip
Date of Birth	/	/	Gender M / F / Other Home Club

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

☐ I have read and agree to the USATT SafeSport Protocol (<http://www.newtonttc.com>)

Signature (Parent/Guardian if minor): _____ Date / /

Total Event Fees \$ _____

Registration Fee \$ _____

Rating processing Fee \$ 3.00

USATT Fee \$ _____
Basic membership \$25; or Pro membership \$75 (each 1 year)

Optional donation to Table Tennis
Team USA National Program \$ _____

TOTAL AMOUNT \$ _____

Payment (check/money order) may be sent to:
Aabid Sheikh, 30 Kilburn Road., West Newton, MA 02465

To register by email: coachaabid@gmail.com
Venmo payments to: <https://venmo.com/u/Aabid-Sheikh>
PayPal payments to:
<https://www.paypal.com/paypalme/sheikhaabid21>
Please include heading "Oct 2025 Open"

Circle the event(s) you wish to enter:

1 2 3 4

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

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):