## **2015 ROSE CITY OPEN**

## **USATT Sanctioned Tournament**

June 6th, 2015

### **TUALATIN HILLS ATHLETIC CENTER (THAC)**

50 NW 158TH (158th and Walker Road) Beaverton, OR 97006 (503-629-6330)

### SANCTIONED BY THE USATT

SPONSORS: PTTC www.portlandtabletennis.com

Paddle Palace www.paddlepalace.com 1-800-547-5891

TOURNAMENT: DIRECTOR: Cornelius Chan <u>cy chan98@yahoo.com</u> 503-984-3632

LOGISTICS:Bruce Bayleybnjbay@myexcel.com503-246-9514REFEREE:John Pengpeng.j@comcast.net503-914-9864UMPIRE:Richard Brzezinski789richard@gmail.com1-503-789-0790

**MEMBERSHIP:** Must be current member of the USATT, or affiliated ITTF member. A USATT membership includes a sanctioned tournament rating; it can be purchased through the tournament entry form. We will use the current USATT rating system to conduct all draws. In **Rated Events, UNRATED PLAYERS** cannot advance out of a round-robin and will be allowed to play in these events at a reduced price of \$5 per event. Results from play in this tournament will be used to determine your rating for the next tournament you enter. The **Open** and the **Over 40** are **not** rated events; therefore, the unrated player must pay the posted price, as he/she may advance.

**ENTRY DEADLINE**: All entries must be postmarked by June 3, 2015. Late entries, phone entries and walk-ins will be subjected to a \$10 late fee, and will only be accepted if space is available.

**REGULATIONS**: All USATT regulations will be followed, and USATT approved equipment is to be used.

**VENUE**: Tualatin Hills Athletic Center. Hardwood floor, Xushaofa 3-star 40+ seamless white plastic balls (ITTF approved. There will be 20 DHS tables on three courts

**EVENTS:** All events are Round Robin (RR). Round robin format will consist of a group of 4 people unless there is an odd number of players, which may result in groups of three or five. We may cancel events with less than 4 entries. All tournament committee's decisions are final. Doors open Saturday at 8:00 AM. Players must check in at least 20 minutes before their first event. All matches will be 3 out of 5 games to 11 points except for the Open Singles semi-finals and finals, which will be 4 out of 7 games.

**DIRECTIONS**: From the North, take I-5 S, then I-405 S toward Beaverton, then I-26 W (Sunset Highway) towards Ocean Beaches.

From the South, take I-5 N, take exit to Hwy 217, then I-26 W (Sunset Highway) towards Ocean Beaches.

**From I-26 W (Sunset Highway)**, take the Cornell exit, turn left over the freeway, then at next light turn left on 158<sup>th</sup>; after about a mile, turn left at the third stop light onto Schendel, and park in the lot to your left. Walk up the steps and into the playing venue, **Tualatin Hills Athletic Center**.

**FOOD / ACCOMMODATIONS: Food vendors** are within walking distance of the site.

Courtyard, by Marriott, at 3050 NW Sticki Place, Hillsboro 97124. 503-690-1800.

Hilton Garden Inn Hotel

at 15520 NW Gateway - one mile foot path to THAC . 503-439-1717

**Extended Stay America** (formerly Homestead Inn), at 875 SW 158th, is within walking distance. 503-690-3600, or 800-992-2694.

# **Schedule**

FRIDAY Evening Setup, then practice 7:00 PM to 10:00 PM

SATURDAY Morning Doors Open 8:00 AM

Number	Event	Time	Prize	Cost	Notes
1	RR Open Singles	9:00 AM	\$300,150, 50, 50	\$30	
2	RR U 1700	10:00 AM	Trophy 1st & 2nd	\$15	
3	RR U 1500	11:00 AM	Trophy 1st & 2nd	\$15	
4	RR U 1300	12:00 AM	Trophy 1st & 2nd	\$15	Pick 4 or 5
5	RR U 2300	1:00 PM	\$160, 80, 25, 25	\$25	
6	RR U 1100	2:00 PM	Trophy 1st & 2nd	\$15	Pick 6 or 7
7	RR U 2100	3:00 PM	\$120, 60	\$20	
8	RR U 900	4:00 PM	Trophy 1st & 2nd	\$15	Pick 8 or 9
9	RR U 1900	5:00 PM	\$80, 40	\$20	
10	RR Over 40	6:00 PM	Trophy 1st & 2nd	\$15	

Note: Following Saturday play, tables on court 1 will be

left on the floor for "drop-in" play, for which people must pay the Tualatin Hills staff at the reception desk upstairs.

# **Entry Form**

ENTRY FEES		List event numbers and fees here:  Event,,,,,	Total Event Fees	\$
USATT Rating Fee	mandatory		\$7/player	\$
USATT membership	if not a member, you need to join	\$49/yr for Adults, \$25/yr for Juniors		\$
Total Due				\$

Make checks payable to: PTTC (entry deadline: postmarked June 3, 2015)

Send to: Cornelius Chan

15721 NW Hackney Drive Portland, OR 97229

NAME:		DOB:/
ADDRESS:		PHONE:
CITY:		STATE:ZIP CODE:
EMAIL(we need it):		
USATT RATING:*	USATT MEMBERSHIP #:	Exp. Date://

Players must sign the following waiver and send it in with their entry, or sign one when they check in at the tournament. PLEASE CHECK IN at the check-in table in any case!!

<sup>\*</sup> If no **USATT** rating, for seeding purposes use your Ratings Central rating and note it as RC, or give us an estimated rating determined by the Tournament Director, and note it as EST. See **MEMBERSHIP** above.

#### **USA TABLE TENNIS**

# 4065 Sinton Rd, Suite 120, Colorado Springs, CO 80907 Phone 719-866-4583 Fax 719-632-6071

Tournament: Rose City Open Date: 06/6/2015

Tournament Director: Cornelius Chan Club Name: Portland Table Tennis Club

### Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

In signing this agreement, I grant permission to Portland Table Tennis Club to use for promotional purposes any photographs, videos or other recordings of myself and any persons in attendance with me taken by authorized parties.

- 1. IN CONSIDERATION of being permitted to participate in any way in USATT 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 child 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 ("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 SOCIAL 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 USATT, 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 "RELEASEES", 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 FEFECT

Signature of Participant	Print Name	Date
Signature of Parent/Legal Guardian	Print Name	
If participant is under age 18.		