2021 Georgia Games Championships
Table Tennis General Information
July 17 & 18, 2021 – Lucky Shoals Park

-SPORT SPECIFIC INFORMATION-

Date: Saturday & Sunday – July 17, 18, 2021
Site: Lucky Shoals Park Gym
Time: See times below
Sanctioned by USATT as a 2 Star Tournament
Entry Fee: Adults $17 each singles event; Juniors singles $13; Novice $17 for adults or juniors. Georgia Cup $60.00 per team. Juniors and Novice players entering adult events must pay the adult fees.*South Carolina & Tennessee residents add $5.00 to entry fee*
Make checks payable to “AGTTA”
Sports Olympiad: Points accumulated by competing will go directly towards winning your school points! 1st, 2nd, and 3rd places for Each event. See Georgia Games website for more information.
Entry Deadline: Friday, July 9, 2021. Players in Novice event may enter on site by 12:30 p.m. Saturday, July 17.
Events:
- Men’s Singles
- Women’s Singles
- Senior Singles (+40, +50, +60, +70)
- Junior Singles (10 & under, -12, -14, -16, -18)
Players can enter only one age limited singles event.

Contact: Wendell Dillon (770) 923-5110 email: pong35@mindspring.com
Referee: Wendell Dillon, International Referee

—COMPETITION REGULATIONS—

Membership: USATT membership is required for all events except Novice. Membership fees one year: Basic $25; Pro $75.

Ratings: All singles events except Novice, will be submitted for USATT ratings. The Novice event will not be rated.
Equipment: Donic tables and nets; White Nittaku Premium ★★★ 40+ balls; wooden floor; Novice event: must use rackets provided by Georgia Games
Format: Junior, Novice and Under 2000 are round robin; all other events single elimination; To Class A, B, C or D based on where they finish in the round robin (groups of 4).

—SPECIAL INSTRUCTIONS—

Team competition: a separate entry blank will be sent to each Georgia club affiliated with USATT

—EVENTS & STARTING TIMES—

SATURDAY
9:00 a.m. Junior Singles (all ages)
9:30 a.m. Georgia Cup teams
1:00 p.m. Novice Singles (64 player limit)
1:30 p.m. Cadet Cup Teams

SUNDAY
9:00 a.m. *Under 2000 Round Robin
11:00 a.m. Senior Singles (all ages)
11:30 a.m. Women’s Singles
11:30 a.m. Hard Bat Singles
1:30 p.m. Men’s Singles
3:00 p.m. *Class A, B, C, D Singles

* Players are placed in class events based on their finish in the Under 2000 Round Robin

Enter by mail to address at top of next page.

DIRECTIONS TO VENUE:
Lucky Shoals park – Off I-85, 4.8 miles North of I-285, turn South onto Jimmy Carter Blvd and drive 2.1 miles to Britt Road; Turn Right on Britt Road 0.4 miles to Lucky Shoals Park on left. (identified by large aqua sign). Drive up and turn Toward the gym.
GEORGIA GAMES 2021 Georgia Games - Individual Entry Form & Waiver

Table Tennis Information

Circle events:

$17 Men's Singles  $17 Senior 70+ Singles $____ Total event fees
$17 Women's Singles  $13 Junior 10&U Singles $____ USATT Mbr (Pro $75; Basic $25
$17 Senior 40+ Singles  $13 Junior 12&U Singles USATT # ______
$17 Senior 50+ Singles  $13 Junior 14&U Singles $____ Out of state ($5 per player AL, FL, SC & TN)
$17 Senior 60+ Singles  $13 Junior 16&U Singles $____ Donation to Georgia Games
$17 Hard Bat Singles  $13 Junior 18&U Singles $____ Donation to USATT Programs
$17 Novice  $17 Under 2000 Round Robin $____ Total fees paid

Athlete Information:  Date of Birth: (M/D/Y) ________ Sex: ______

Last Name  First Name  Middle Initial  Club ________

City  State  County  ZIP ________

Phone Numbers:  T-Shirt Size: Youth; YM, YL or Adult: AS, AM, AL, AXL, AXOL, AXOLL (Circle)

Cell Phone  Daytime

Email Address

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration for being permitted to participate in or assisting others in participation in the Georgia Games Championships (“Championships”); District Sports Festivals, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1)  I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:
   (a) I have full knowledge of the risks, dangers and hazards involved in the Championships;
   (b) I acknowledge the presence in the community of dangerous and deadly communicable diseases and viruses including COVID-19;
   (c) I understand that, by participating in the event, I may be exposed to a communicable disease and/or virus including COVID-19;
   (d) I understand that the Georgia Games cannot, and do not claim to, protect me from transmitting a communicable disease and/or virus including COVID-19;
   (e) I understand that the Games cannot, and do not claim to, protect me from contracting a communicable disease and/or virus including COVID-19 while participating in the event;
   (f) I understand that I am knowingly and voluntarily assuming the risk of exposure to and transmission of a communicable disease and/or virus including COVID-19 while participating in the event;
   (g) I understand that I am not knowingly carrying or infected with a communicable disease and/or virus including COVID-19.

(2)  I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
   (a) The State of Georgia or any of its agencies, District Sports Festivals, the Georgia Sports Commission, the Georgia Sports Foundations, its Commissioners, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
   (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
   (c) The National Congress of State Games, the United States Olympic Committee and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
   (d) Owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Championships.

(3)  I AGREE THAT:
   (a) Prior to participating as an athlete, I or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Championships of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
   (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including all advertisements on television, radio or film coverage of the Championships, WITHOUT COMPENSATION.

(4)  In consideration for permitting you to participate in the event, you, for yourself and/or his/her heirs, personal representatives, and assigns, agrees as follows:
   a) I acknowledge the presence in the community of dangerous and deadly communicable diseases and viruses including COVID-19;
   b) I am not knowingly carrying or infected with a communicable disease and/or virus including COVID-19; I have no symptoms consistent with such a disease and/or virus including cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, and/or new loss of taste or smell;
   c) I expressly agree that this assumption of risk, release, and waiver of liability agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia. If any portion of this agreement is held invalid, I agree that the balance shall continue in full legal force and effect.

I have read this assumption of risk, release, and waiver of liability agreement and have had the opportunity to ask questions about it. I fully understand this agreement, particularly that I am giving up substantial rights and that this agreement’s terms are contractual and not mere recital. I acknowledge that I am signing this agreement freely and voluntarily.

(1)  I CONSENT TO:
   a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Championships. I have read this form in its entirety and have provided truthful information.

Name of Athlete (print)  Signature of Athlete (at least 18 years of age)  Date ________

Name of parent/Guardian if athlete is minor  Signature of Guardian  Date ________

AGTAA 662 Dorseyc Circle Lilburn, GA 30047-4037