

2024 Missouri Show-Me State Games Open

2-Star USATT Sanctioned Tourney. July 6, 2024.

Giant Round Robin + 8 Events \$4000 Prize Money

Sponsored by: Ozarks Table Tennis Club, USATT.org, Missouri Show-Me State Games,
Springfield Parks & Recreation and www.PaddlePalace.com

Doors open: 8:00 am – Registration: 8:00 am – Play starts: 8:30 am
O'Reilly-Tefft Gym 1408 East Pythian Street, Springfield, Mo. 65802

Websites: <https://www.OzarksTableTennisClub.net>

<https://www.teamusa.org/usa-table-tennis/events>

<https://www.SMSG.org>

<https://www.PaddlePalace.com>

- **Giant Round Robin** 1st round robin: 4 players in 6 groups. 2nd round robin: 6 players in 4 groups. Top 3 win/loss players in each group awarded cash and medals.
- RRRR.....{all players play 8 matches}..... **Capacity: 24**
- **Open Singles** SE..... **Capacity: 16**
- **Under 2000** SE..... **Capacity: 16**
- **Under 1800** RRSE..... **Capacity: 12**
- **Under 1600** RRSE..... **Capacity: 12**
- **Under 1400** RRSE..... **Capacity: 12**
- **Novice Singles** SE..... **Capacity: 12**
- **Open Doubles** RRSE..... **Capacity: 9 TEAMS**
- **U-3400 Doubles** RRSE..... **Capacity: 9 TEAMS**

EVENTS	FEE	FORMAT	TIME	1st	2nd	3rd
Giant Round Robin	\$40	RRRR	1:00pm	\$800 + M Group A	\$500 + M Group A	\$300 + M Group A
		RRRR	1:00pm	\$150 + M Group B	\$100 + M Group B	\$50 + M Group B
		RRRR	1:00pm	\$100 + M Group C	\$60 + M Group C	\$40 + M Group C
		RRRR	1:00pm	\$100 + M Group D	\$50 + M Group D	\$40 + M Group D
Open Singles	\$30	SE	11:00am	\$300 + M	\$200 + M	\$100 + M
Under 2000	\$25	SE	4:00pm	\$200 + M	\$100 + M	\$50 + M
Under 1800	\$25	RRSE	9:00am	Medal	Medal	Medal
Under 1600	\$25	RRSE	4:00pm	Medal	Medal	Medal
Under 1400	\$25	RRSE	10:00am	Medal	Medal	Medal
Novice Singles	\$15	SE	8:30am	Medal	Medal	Medal
Open Doubles	\$25	RRSE	5:00pm	\$300 + M	\$200 + M	\$100 + M
U-3400 Doubles	\$15	RRSE	5:00pm	\$100 + M	\$60 + M	Medal



Entry Info

Deadline: Entries received by **5:00 pm, Thursday, July 4, 2024**. Refunds if cancellation is by July 1. No shows money not refunded. (Received entries take precedence over phone calls.) Insufficient entries may be canceled w/fees refunded. If an event is canceled players are placed in next higher event.

Facilities / Equipment

Wood floor, excellent lighting. 12 **Cornilleau 740 tables** with black nets. Solid 8 foot cardboard barriers. Seamless white Nittaku Premium 40+mm plastic balls. Balls provided by: www.PaddlePalace.com

Ratings / Unrated Players / Matches

Player's rating based on USATT ratings from 1 week prior to tourney. Tournament Director seeds all unrated players. All unrated players advance from respective round robins. **All matches: best 3 of 5 to 11.**

Ancillary Info

Players must not wear shirts which are predominately ball colored in this case white, nor should sleeveless shirts or un-hemmed jean shorts be worn. **Be at event/s 30 mins prior to start.**

Tournament Committee

Tournament Director: Bill Lewis. Certified Referee: Bill Lewis. Club Umpire: Bill Lewis. (cell) **417.493.6259**

Hotel / Motel Info

University Plaza Hotel 333 S. John Q. Hammons Parkway, Springfield, Mo. 888.532.4388
Oasis Hotel & Convention Center 2550 N. Glenstone Ave, Springfield, Mo. 417.866.5253
Lamplighter Inn 1772 S. Glenstone Ave. Springfield, Mo. 417.882.1113

Name: _____ Gender: Male _____ Female _____ Date of Birth: _____

Address: _____ USATT # (if known) _____ USATT Rating (if known) _____

City: _____ State: _____ Zip Code: _____ USATT Membership Exp Date: _____

Phone: _____ Open Doubles / Under 3400 Doubles Partner: _____

Email Address _____

Players may enter "4 events."

None with same starting time.

1.	Giant Round Robin	RRRR	1:00pm	Entry Fee	→	\$	40.00
2.	Open Singles	SE	11:00 am	Entry Fee	→	\$	30.00
3.	Under 2000	SE	4:00 pm	Entry Fee	→	\$	25.00
4.	Under 1800	RRSE	9:00am	Entry Fee	→	\$	25.00
5.	Under 1600	RRSE	4:00pm	Entry Fee	→	\$	25.00
6.	Under 1400	RRSE	10:00am	Entry Fee	→	\$	25.00
7.	Novice Singles	SE	8:30am	Entry Fee	→	\$	15.00
8.	Open Doubles (3perRR)	RRSE	5:00pm	Entry Fee	→	per player	\$ 25.00
9.	U-3400 Doubles (3perRR)	RRSE	5:00pm	Entry Fee	→	per player	\$ 15.00
10.	Donations to USA National TT Program			Optional	→	\$	
11.	Membership Fee [See fees below]			If Expired	→	\$.00
12.	Administrative Fee			All	→	\$	5.00
13.	Total:		→→		→→	Total:	.00

USATT Memberships: 1yr. BASIC: \$25 1yr. PRO: \$75 Lifetime: \$1300

I hereby release [Ozarks Table Tennis Club, Missouri Show-Me State Games and Springfield Parks And Recreation](#) and all other sponsors from liability in connection with injuries to myself or property. I accept full responsibility for participation in this tournament.

Signature: _____ (Parent / guardian signature if under 18.)

Date: _____ 7 forms of payment: Zelle.com – Cash.app – PayPal.com

– Personal check – Cash – Corporate check or any Money order. For payment via Cash.app and Zelle.com input: 417.493.6259. For payment via PayPal.com input: EpcotMagic@aol.com

Send entry form & Safe Sport form below to:

Bill Lewis, 3818 S. Farm Rd. 103, Brookline, Missouri 65619



**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 Safe Sport Training offered by the US Center for Safe Sport 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 Safe Sport Training offered by the US Center for Safe Sport.

More information on USATT’s Safe Sport Policy is available at: <https://www.teamusa.org/usa-tabletennis/athlete-safety/safe-sport.End.2302-22a>

End.23 02-22a

**USA TABLE TENNIS
Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement.**

Tournament: Missouri Show-Me State Games Open

Date: July 6, 2024

Tournament Director: Bill Lewis

Club Name: Ozarks Table Tennis Club

1. IN CONSIDERATION of being permitted to participate in anyway 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 incurs 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 NEGLIGENCE 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

Signature of Parent/Legal Guardian

Print Name of Parent/Guardian
(If Participant is under age 18)

Date



2024 SHOW-ME STATE GAMES WAIVER OF LIABILITY



This page needs to be completed by all coaches and players.

Sport: <u>TABLE TENNIS</u>	
Participant Name: _____	Phone: _____
Address: _____	Birthdate: _____
City, State, Zip: _____	
Email: _____	

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor’s Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, release and hold harmless the aforementioned parties and also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

Athlete’s Signature (if age 18 or older)	Parent’s or Guardian’s Signature (If athlete is under 18 years of age)	7-6-2024 Date
--	---	------------------

EMERGENCY CONTACT PERSON

Name	Home Phone / Work Phone
------	-------------------------