



1<sup>st</sup>

EPHS State of Oregon  
High School  
Table Tennis Invitational  
Championships  
Registration Form

The Corvallis School District does not necessarily sponsor this organization or its activities. The District assumes no liability for its contents or events arising out of this distribution.

First Name (Please print)	<input type="text"/>												
Last Name (Please print)	<input type="text"/>												
Age _____	Grade _____	School <input type="text"/>											
Email:	<input type="text"/>												
Phone Number	<input type="text"/>												
Parent/Guardian (Please Print)	<input type="text"/>												
Ability Level Circle One	Beginner (This is your first tournament)				Intermediate (Played in Local/Club Tournaments)				Advanced (USTTA Rated Player)				
Tournaments Circle one or two	Hard Bat Tournament Start Time 9:00 AM March 14, 2020 Bob Keefer Rec Center, Springfield Oregon						Open Bat Tournament Start Time 12:30 PM March 14, 2020 Bob Keefer Rec Center, Springfield Oregon						
Entry Cost	Entering 1 tournament = \$10						Entering 2 tournaments = \$15						

Waiver and Medical Release Form\*

I hereby warrant and represent that I have no disability, impairment, or ailment preventing me from engaging in active or passive exercise or activity that will be detrimental to my health, safety, or physical condition. If I so engage or participate. This representation is made by the undersigned knowing that EPHS Table Tennis Club, hereby EPHSTTC, and Blazzing Paddle Table Tennis Club, hereby BPTTC, will rely on the same. The undersigned hereby acknowledges that in using the facilities, programs and equipment of the EPHSTTC, SOTTC, or Grove Rec Center, I do so at my own risk. In consideration of my ability to use the EPHSTTC or BPTTC or Bob Keefer Rec Center facilities and equipment, I expressly agree that the EPHSTTC and BPTTC and Bob Keefer Rec Center shall not be liable for any personal injuries or loss or damage to property sustained on or about the Bob Keefer Rec Centers premises resulting from or arising out of the negligence of the EPHSTTC or BPTTC or Bob Keefer Rec Center and/or its staff, or the negligence of any other person at the 1<sup>st</sup> EPHS State of Oregon High School Table Tennis Invitational Championship, hereby the "tournament", and assume full responsibility for the same. I affirm that there are inherent risks in the tournament's activities that I am aware of and appreciate these risks and I assume all responsibility for personal injury and/or loss for injuries.

I understand that the participant may be photographed while using the facilities and that photo may be used for promotional materials. I further agree to release liability and to indemnify and hold harmless the EPHSTTC, BPTTC, Bob Keefer Rec Center, Eagle Point School District 9, Eagle Point High School, and Springfield Department of Parks and Rec, for any and all claims arising as a result of engaging in the EPHSTTC's and BPTTC's activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I affirm I am of legal age and am freely signing this agreement, or I am the parent or legal guardian of the minor of whom I am giving up legal rights and/or remedies which may be available to me for ordinary negligence of the club.

Participant's Signature

Parent/Guardian Name (Signature)  
(If participant is under 18 years of age)

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Please send check or money order and made out to "Eagle Point High School" with this document to  
"Eagle Point High School. c/o Walter Poelzing 203 N. Platt Avenue, Eagle Point, Oregon 97524  
\*Registration and fees will not be accepted if Waiver and Medical Release Form is not signed.  
Questions? Contact [poelzingw@eaglepnt.k12.or.us](mailto:poelzingw@eaglepnt.k12.or.us) or call 541-830-6629 for more information.