

9th Annual 第九屆健安慈善運動會
Kin On Sports Tournament



2016 KIN ON TABLE TENNIS TOURNAMENT

SAT, July 16, noon-7:30pm | Crossroads Community Center

16000 NE 10th St. Bellevue, WA 98008 | 425.452.4874

Thank you for participating in the 2016 Kin On Sports Tournament. Proceeds from this event benefit the Kin On Expansion Project to include a new community center, assisted living facility, adult family home, and nursing home renovations (short-term rehab wing expansion and sun room). Visit www.kinon.org to learn more!

ENTRY FEE	\$75 per player (tournament and dinner) – full payment due regardless of dinner attendance \$20 (dinner fee per additional guest)
REGISTRATION	Online registration is preferred and available at https://kinon.ejoinme.org/tabletennis If by mail, registration and signed consent form along with payment (check payable to Kin On) to Raymond Tse (4312 NE 6th Ct. Renton, WA 98059, raymondtse@yahoo.com) by July 6, 2016 . The first 50 entries will have first priority to enter. Entries without payment and signed consent form cannot be guaranteed participation.
EQUIPMENT	40mm 3-Star balls (white and yellow). Play is on hard wood floor.
FORMAT	Singles: There will be three divisions: Advanced (USATT 1,350 and above), Intermediate (USATT 1,000 - 1,349) and Challenge level (under 1,000). Doubles: Players need to find their own partners. Combined USATT cannot exceed 3,000). All doubles players must also enter the singles tournament. *Rating level may be subject to change without notice. Round robin play for preliminary rounds, all other rounds through final will be single elimination. 11-point games, best 3 out of 5. Format and play roles are subject to change without advanced notice. Tournament director will have final decision on all disputes. Limited to 50 players, first come, first serve.
PRIZES	Awards will be presented to winners at the end of the tournament.
CELEBRATION DINNER	Join us for a celebration dinner following the tournament at 8pm
QUESTIONS	Tournament Committee: Fred Yee (Chair), Raymond Tse, Andy Lo, Phillip Fung, and Frank Jin tabletennis@kinon.org Kin On Fund Development Office: 206.721.3630 or development@kinon.org
WEBSITE	Visit www.kinon.org for latest event information

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Registration & Consent/Release Form

All players must sign consent form before participating in the tournament.

SINGLES

Name: _____

Address: _____

Email: _____

Phone: _____

USATT Rating (if any): _____

Division (check one):

- Advanced (1350 & up)
- Intermediate (1000 – 1349)
- Challenge (1000 & under)

DOUBLES

Player 1: _____

Address: _____

Email: _____

Phone: _____

USATT Rating* (if any): _____

Player 2: _____

Address: _____

Email: _____

Phone: _____

USATT Rating* (if any): _____

*** Combined USATT cannot exceed 3,000**

The undersigned declares that he/she is in good health and in proper physical condition to participate in the 2016 Kin On Table Tennis Tournament (the "Tournament") held at Crossroads Community Center on July 16, 2016. The Tournament is sponsored by Kin On Community Health Care as a fund raising activity.

The undersigned understands that by participating in the Tournament, he/she will engage in potentially dangerous endeavors exemplified by, but not limited to, running, jumping, physical contact, etc. The undersigned understands and acknowledges that he/she may incur personal or bodily injury while participating in the Tournament. Accordingly, he/she assumes all risks inherited in his/her participation and accepts full and complete responsibility for any and all injuries of any kind.

The undersigned hereby specifically releases Kin On Community Health Care, Kin On Health Care Center, and their respective directors, officers, employees, agents and contractors from any liability whatsoever in connection with any injuries that he/she might suffer as a result of his/her participation in the Tournament.

The undersigned hereby grants to Kin On Community Health Care, its licensees and contractors including photographers, volunteers rights to take pictures and videotapes to post on Kin On's web site and its newsletters, all without remuneration or compensation to the undersigned whatsoever.

By signing this form, the undersigned certifies that he/she has read and understands all of its terms.

Player's Name	Player's or Guardian's (if under 18) Signature	Date Signed	Emergency Contact	Emergency Phone