

## ST. LOUIS TABLE TENNIS CLUB

August 15, 2025

The St. Louis Table Tennis Club was founded in 1986 and currently has over one hundred members. Although members vary widely in ability, age, background, and race, we all share a common enjoyment of the sport. Both women and men participate. Our youngest members are in grade school while our oldest members are in their eighties.

We meet at three locations:

The 12<sup>th</sup> & Park Recreation Center, 1410 S. Tucker Blvd. (12<sup>th</sup> Street), St. Louis, MO  
Fridays, 5:00 pm to 7:30 pm and Saturdays, 12:00 pm to 4:30 pm. – Small lot and street parking available

The Creve Coeur Government Center at 300 N. New Ballas Road (East of 270, between Olive and Ladue Roads)  
Wednesdays, 5:30 pm to 9:30 pm – Parking and Gym entrance in rear of building

Arch Pickleball and Badminton at 11333 Blake Drive in Bridgeton (Lindbergh & St. Charles Rock Road)  
Tuesdays from 6pm- 10pm. – Large parking lot. NOTE: You must have a (free) Court Reserve account to play at Arch.

Our annual membership dues are:

Adult	<b>\$120.00</b>
Student (full time student with valid student ID)	<b>\$60.00</b>
Family (Parents and their children of ages 18 and under)	<b>\$160.00</b>

The club has a September 1<sup>st</sup> to August 31<sup>st</sup> membership year **and dues for the 9/1/25 to 8/31/26 membership year are due by September 1<sup>st</sup>, 2025.** Membership dues will not be prorated. All new and renewal memberships will need to complete a current 2025-2026 waiver form.

**The facilities have been developed for the benefit of our members. Each member must be in good standing in order to play.** Visitors and out-of-town guests are welcome. Your first visit is free, but there is a fee of \$8 per session thereafter. All new and renewal memberships will need to complete a current 2025-2026 waiver form.

Club Officers:

President and Secretary	<b>Jeff Timmerberg</b>
Vice President and Treasurer	<b>Katie Blakely</b>
Board Member & Accountant	<b>Tom Muenks</b>
Board Member	<b>Sean Peng</b>
Board Member and Club Director – Arch	<b>Andy Allman</b>
Club Director - Creve Coeur	<b>Dale Dressel</b>
Club Director – Downtown	<b>Mike Ellebracht</b>

Mailing Address: St. Louis Table Tennis Club, P.O. Box 411081, Creve Coeur, MO 63141-1081

Phone/Text: Jeff Timmerberg 314-283-6875

Club Email: [stltabletennis@gmail.com](mailto:stltabletennis@gmail.com)

Website <http://stltabletennis.net/>



**ST. LOUIS TABLE TENNIS CLUB**  
**Creve Coeur, MO 63141**  
**MEMBERSHIP APPLICATION/RENEWAL, 2025-2026 SEASON**

CLUB RULES: (a) No food, drinks or smoking in the gymnasiums. (b) Everyone must keep the gymnasiums clean. Players must remove all broken balls, water bottles, paper towels, or any other wastes from the gym. (c) Tables are for open play of all club members, except during special events or authorized coaching. (d) At "shoot-out" tables, the winner stays on; at other tables, a player is limited to two consecutive 3 out of 5 game matches (11 point games) or two 20-minute practice sessions on a table (or one match and one practice session). (e) **No more than a 3 minute warm-up is allowed at any of the tables being used.** (f) To challenge a table, the player places paddle at side of table in plain view, outside of its carrying case, just below the net; no other marker will be recognized. Only one paddle per person may be down at any one time. (g) No one may challenge more than one table at a time, or challenge a table while playing a match or practicing. (h) Member to act in a civil manner or they may be asked to leave. (i) Club facilities are for the use of members in good standing and authorized visitors only. (j) Members may give up their table. If this is done, the table goes to the next paddle in line at that table. The player giving up the table cannot designate a player to take his place. (k) Players are required to take good care of the equipment and help store tables/nets in their proper place when the session is finished. The last players on a table should take down the net, fold up the table and store them in the storage area. (l) Visitors and out-of-town guests are assessed an \$8 charge per playing session (first visit free). Return visitors/guests are expected to obtain a full year membership. The waiver form must be completed after the first visit.

**USA TABLE TENNIS**  
**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**  
**("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in USA Table Tennis sanctioned events, including the table tennis activities of the St. Louis Table Tennis Club which is a sanctioned club of USA TABLE TENNIS, I for myself, my personal representatives, assigns, heirs, and next of kin:

ACKNOWLEDGE, agree, and represent that I understand the nature of Table Tennis Activities and that I am 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 will immediately discontinue further participation in the Activity.

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 my actions, or inactions, the actions 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 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 incur as a result of my participation in the Activity.

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;

HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE USA TABLE TENNIS, their respective administrators, directors, agents, officers, members, 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, INCLUDED NEGLIGENCE RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I make 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 any may incur as the result of such claim.

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.

COVID-19: I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated, and I accept full responsibility for familiarizing myself with the most recent updates. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities. I hereby acknowledge this Waiver and Permission form shall include any and all claims, demands, suits, judgements, losses or expenses of any nature whatsoever relating to, directly or indirectly, the infection of COVID-19.

PARTICIPANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

MEMBERSHIP TYPE (check one): Single (\$120) \_\_\_\_\_ Family (\$160) \_\_\_\_\_ Student (\$60) \_\_\_\_\_

If new member, or if your address/phone number has changed, please enter below:

E-MAIL ADDRESS: \_\_\_\_\_

STREET \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_