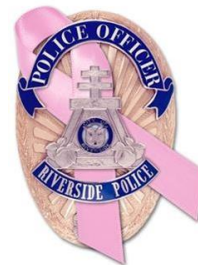


2017 2nd Annual "Fight for the Cure" Women's Judo Tournament



A Charity Event Hosted by the **Riverside Youth Judo Club**

USJA Sanctioned Regional Tournament - #17-057

DATE	SUNDAY October 1st, 2017	For Questions and Concerns Please Contact Brian Money (951) 961-1570 Bmoney@riversideca.gov
LOCATION	Ramona High School 7675 Magnolia Avenue Riverside, CA 92504	
ELIGIBILITY	This tournament is open to ALL FEMALE COMPETITORS . Contestants must be a current member of USJA, USJF, or USJI (USA Judo) with proof of membership.	
ENTRY FEE	\$40.00 (non-refundable). Entry fee will include a FREE Tournament T-Shirt if Pre-Registered by September 22, 2017 (\$15 value). Make checks payable to the " Riverside Police Foundation "	
2nd Division	\$20.00	
AWARDS	First, Second, Third Place "Commemorative" Medals (4" inch Diameter) will be awarded in each division. Medals will include a "dedication" to those affected by breast/ovarian cancer.	

REGISTRATION and WEIGH-IN Times

Special Needs Division	All Ages	7:30 AM to 8:30 AM
Yonen	5-12 years old	7:30 AM to 8:30 AM
Shonen	13-16 years old	8:00 AM to 9:00 AM
Seinen Novice	17 years and older	8:30 AM to 9:30 AM
Seinen Brown & Black Belts	17 years and older	8:30 AM to 9:30 AM
Masters Novice & Advanced	30 years and older	8:30 AM to 9:30 AM

Referee and Coaches Meeting at 8:30 AM. Wristbands will be provided to certified coaches.

Opening Ceremonies at 9:30 AM. Tournament begins at 10:00 AM sharp!

MAIL COMPLETED APPLICATIONS. Copy of Membership Card, and PAYMENTS to:

**Detective Brian Money
10540 Magnolia Ave #B
Riverside, CA 92505**



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Contest Rules:

Current International Judo Federation (IJF) rules will be used with the following modifications:

- **The Contest Area** shall be 8 x 8 meters with 4 meter safety area between competition areas and 3 meter outside borders.
- **The “CARE System” will not be used.** Three referees will be on the mat.
- **Shime-waza** (Choking Techniques) are only allowed for Shonen and Seinen Divisions (13 years and older). NO SHIME-WAZA in Special Needs Divisions.
- **Kansetsu-waza** (Arm Lock Techniques) are only allowed for Seinen (17 years and older) and only Brown and Black Belt Divisions. If one is entered into this division, one must adhere to the rules of the division. No KANSETSU-WAZA in Special Needs Divisions.
- **No Kanibasami** (Flying Scissors) and no **Kawazu Gake** (Leg Entanglement Throw).
- **Leg Grabs**- 1st Offense is a **Shido** only. 2nd Offense is **Hansoku Make** (disqualification) from the match only.
- **Pre 2003 Medical Rules** will be observed in all Divisions except Seinen Brown and Black Belt Divisions. Referee will use the **Current IJF medical rules for Brown/Black division**. Referee can call medic in Yonen and Shonen division at the discretion of the referee and safety of the players and the sport of Judo.
- Any competitor who **suffers a concussion or who loses consciousness** from the head impact will not be permitted to continue competing during this event. Medical staff will evaluate the player and make the medical determination.
- Any **Shonen** competitor who doesn’t submit and is choked out will not be permitted to continue in any further division.
- **Golden Score** in all typical divisions (not Special Needs Divisions). Golden Score is unlimited in time. If any Special Needs Division is tied by positive scores, then Hantei will be given.

White Judo Gis are Mandatory for all competitors. Blue Judo Gis are optional and can only be worn on the Blue Side

PINK JUDO GIS WILL BE PERMITTED in the spirit of this event! – If one or both players is wearing pink gi, then a blue and white belt must be worn as normal. **Pink crew-neck Tshirts will be accepted in lieu of standard white T-shirts!!!**

Competitors should bring their own Blue and White belts for this Competition.

All Special Needs Players competing in Special Needs Categories will follow **International Special Olympics Judo Rules** – These rules will be reviewed during the Referee and Coaches Meeting. Any Special Needs Player who “Opts Out” of Special Needs category to compete in a typical category will follow the General Tournament Rules. Categories will be determined at the venue- based on special needs categories.

Match Times:

- Yonen Division: 2 ½ Minutes
- Special Needs Division: 2 ½ Minutes
- Shonen and Seinen Divisions: 3 Minutes
- Novice and Masters Divisions: 3 Minutes
- Brown and Black Belt Divisions (Except Masters): 4 Minutes

The Tournament Director reserves the right to make any necessary changes in the best interest of the competition and contestants.

Tournament Director: Brian Money (951) 961-1570 Bmoneyriversideca.gov
Assistant Tournament Director: Teresa Trainor (562) 318-6733 Trainor.teresa@gmail.com

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COMPETITION DIVISIONS

GIRLS (16 and Under)

White/Yellow

Orange/Green

Blue/Purple

Age	Weight Divisions		
5-6	LW	MW	HW
7-8	LW	MW	HW
9-10	LW	MW	HW
11-12	LW	MW	HW
13-14	LW	MW	HW
15-16	LW	MW	HW

WOMENS NOVICE (17 and Over) – No Brown or Black Belts

White/Yellow

Orange/Green

LW	MW	HW
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WOMENS SENIOR BROWN and BLACK BELT

LW	LMW	MW	MHW	HW
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WOMENS MASTERS DIVISION (30 and Over)

White/Yellow

Orange/Green

Brown/Black

LW	MW	HW
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10% Weight Rule in effect – Any player with a weight greater than 10% of her competitors will not be placed in the category unless all competitors in the category agree.

WOMENS SPECIAL NEEDS DIVISIONS (Exhibition Matches for Higher Special Needs)

Special Needs categories will be determined at the event based on those competitors who attend. Age and Weight categories will be used with players of similar competitive abilities. Volunteer competitors will be available for Higher Special Needs competitors or any Special Needs player who is without an equally matched opponent.

DIVISIONS MAY BE COMBINED or ADDED AT THE TOURNAMENT DIRECTORS. COACHES WILL BE NOTIFIED IN THESE CIRCUMSTANCES.

TOURNAMENT T SHIRT – FREE if you Pre-register by September 22, 2017

PLEASE SEND IN COPY OF THIS PAGE AND SIZE OF SHIRT REQUESTED!!!!!!



Youth T-Shirts

Youth Small _____
Youth Medium _____
Youth Large _____



Adult T-Shirts

X-Small _____
Small _____
Medium _____
Large _____
X-Large _____
2X-Large _____

2017 2nd Annual "Fight for the Cure" Women's Judo Tournament hosted by Riverside Judo

USJA Regional Sanction #17-057 OFFICIAL ENTRY FORM

Officials Complete This Section

GENDER M ___ F ___	OFFICIAL WEIGHT	WEIGHT DIVISION	CATEGORY	OFFICIAL INITIALS	PAID CK ___ Cash ___ CC ___
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2nd Division _____ (Must complete if 2nd Division is requested)

UP IN AGE _____	UP IN WEIGHT _____	UP IN RANK _____	PAID CK ___ Cash ___ CC ___
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All Competitors Must Complete This Section

Name	Last	First	M.I.
Address	Street	City	State/Zip
Contact	Home Phone	Cell/Emergency	Email
Rank	Color of Belt	Kyu (Brown Belt)	Dan (Black Belt)
Membership	USJA#	USJF#	USJI (USA Judo #)
	Membership Expiration Date	Membership Expiration Date	Membership expiration Date
Bio Data	Date of Birth	Age (Day of the Event)	Gender Female ___ Male ___
Club	Name	Instructor's Name	If Pre-registered by September 22, 2017 T-Shirt Size _____

The warning waiver and release of liability and agreement to participate, which appears part of this official entry form, must be duly signed and turned in by all contestants prior to the start competition.

LIABILITY RELEASE (For Contestants under 18 years of age)

I authorize the following person(s) _____ to act in my behalf in any and all matters requiring parental consent for my child during the **2017 2nd Annual "Fight for the Cure" Women's Judo Tournament (Hosted by Riverside Youth Judo Club P.A.L) or travel to my child. If an act of vandalism causing damage to personal or real property associated or related in any way to this tournament occurs, those involved will be dismissed from competition. The participant or parent(s) of a minor involved agree to indemnify and pay for all such losses and damages.**

Signed (Contestant) Date Signed (Parent/Guardian) Date
(Must be signed by Contestant and Parent/Guardian if under 18 years old.)

Disability or Special assistance

If assistance/accommodation is needed (check off appropriate item):

_____ Vision Loss/Blindness _____ Hearing Loss/Deafness _____ Other: Specify _____

Please specify the type of assistance/accommodation requested or name of person assisting:

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Consent for Age and/or weight Change and/or Higher Rank Division

Contestants under 18 years of age (**REQUIRED OF ALL COMPETITORS UNDER 18**)

We, (I), the undersigned parent of _____ have been informed of the method of competition for the **2017 2nd Annual "Fight for the Cure" Womens Judo Tournament**, and hereby express our (my) consent and approve that he/she may be moved up into:

Please check all that apply:

_____ **Do Not Move In to any Higher Division**

_____ **One Age Division Higher**

_____ **One Weight Division Higher**

_____ **One Rank Division Higher**

(NOTE: The contestant moving up in division is also subject to and not exempt from the rules of said division)

Printed Name of Contestant Signature Date

Printed Name of Parent or Legal Guardian Signature Date

Printed Name of Instructor Signature Date

BLACK BELT WAIVER

(To be completed BY ALL COMPETITORS competing in Brown/Black Divisions)

PRINT NAME OF CONTESTANT _____

I, _____, a Judo Instructor, who has been awarded the rank of Shodan or higher, under the auspices of one of the following Organizations, **United States Judo Inc., United States Judo Federation, or the United States Judo Association**. Hereby certify that the above contestant although not having been awarded the judo rank of Shodan is of sufficient aptitude and skill in Judo to compete in the **2017 2nd Annual "Fight for the Cure" Womens Judo Tournament hosted by Riverside Judo**.

Signature of Judo Instructor Date

Signature of Parent or Legal Guardian Date

(If Contestant is Under 18 years of age)

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WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the **United States Judo Association, Inc., USA Judo/United States Judo, Inc., United States Judo Federation, Inc., and The Riverside Youth Judo Club P.A.L.**, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
2. I further acknowledge that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and /or a tournament official of such conditions and refuse to participate.
3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, or negligence of others, the rules of the sport of Judo, or conditions of the premises or of any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.
5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Association, Inc., USA Judo/United States Judo Inc., United States Judo Federation, Inc., The Riverside Youth Judo Club P.A.L.**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees, or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS 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 THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as a parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent/Legal Guardian

Parent/Legal Guardian Signature

Date