



2015 2nd Annual Grassroots Judo Summer Nationals USJA/USJF SENIOR JUDO CHAMPIONSHIPS

Sanctioned by United States Judo Association

**July 10-12, 2015
Indianapolis, Indiana**

OFFICIAL ENTRY PACKET

The Judo Events will consist of Senior and Masters Shiai and Kata competition. This tournament is open to all players who possess a valid USJF, USJA, USA Judo membership card with current insurance or Foreign (proof of NGB membership required).

Sponsored and Hosted by:	United States Judo Association and Indiana Judo
Tournament Headquarters:	Marriott Indianapolis Downtown 350 W. Maryland Street \$109.00 Per Night Room Indianapolis, IN 46225 Must mention “2015 Judo (317) 822-3500 Junior Nationals”
Deadline for rates: June 9, 2015	Entry Fee discount for those staying at the Tournament Headquarters
Competition Site:	Indiana Convention Center (connected to the Marriott via skywalk) 100 S. Capitol Avenue - Indianapolis, IN 46225
Check-in and Registration:	Saturday, July 11, 2015 12:00 pm to 3:00 pm at the Indiana Convention Center
Competition Date for Championships:	Sunday, July 12, 2015 following Junior Competition
Tournament Directors:	Lowell Slaven lfslaven@comcast.net Jim Branson (317) 245-7172 jcbranson@comcast.net



Official Mat Sponsor of the 2015 USJA/USJF Grassroots Judo Summer Nationals

SCHEDULE OF EVENT

Friday, July 10, 2015

9:00 am – 4:00 pm

9:00 am – 4:30 pm

8:00 pm

5:00 pm – 8:00 pm

9:00 pm

TBA

Marriott Indianapolis Downtown

Tournament Check-in and Registration for **ALL** Junior Competitors, Coaches, Referees, Officials and Volunteers

Note: **NO** Coaches Badges will be issued on the days of competition

Weigh-ins for **ALL JUNIOR COMPETITORS**

Coaches Meeting (Distribution of Venue Pass)

Referee Meeting

Draw for all categories

USJA and USJF Meetings

Saturday, July 11, 2015

7:00 am

8:00 am

8:30 am

9:00 am

12:00 pm – 3:00 pm

Competition at the Indiana Convention Center – Hall A

Doors open

Referees meeting @ **The Indiana Convention Center**

Opening Ceremonies

Competition begins – Bantam, Intermediate and Juvenile B Championships & Novice Competition

Registration and Weigh-in for **ALL SENIOR** Competitors

Sunday, July 12, 2015

8:00 am

8:00 am

9:00 am

All Activities at the Indiana Convention Center – Hall A

Doors open

Referees Meeting

Competition begins for Kata

Juvenile A and IJF Junior Championship and Novice Competition begins following the conclusion of the Kata Competition.

Senior Shiai and Masters Competition begins following the Conclusion of the Junior Competition.

ELIGIBILITY

Contestants may compete in Senior Shiai, Masters and Kata Categories if they meet the eligibility requirements for those events, submit the required documentation, pay the required entry fees.

- Senior Shiai and Kata athletes must have been born December 31, 2000, or earlier. Masters athletes must have been born December 31, 1985, or earlier.
- ALL CONTESTANTS must be a current member of at least one of the following organizations and have current insurance coverage with that organization on the day of competition: United States Judo Federation, United States Judo Association, USA Judo or Foreign Competitors National Judo Passbook. **Copy of passport or government issued birth certificate required. Copy of USJF, USJA or USA Judo Card.**
- NO AGE WAIVERS will be CONSIDERED or ACCEPTED
- If the contestant holds a recognized rank of Shodan (1st Degree Black Belt) or higher, from USJF, USJA OR USA Judo or Recognized National Federation, you must have **copy of rank certificate or copy of current USA Judo membership card having the rank verification symbol “V” printed following the rank.**
- If the contestant’s rank is lower than Shodan, the Certificate regarding Non-Black belt contestants must be completed and signed by a coach who holds a recognized Black Belt rank (**Copy of Coach’s Black Belt Rank**) is required.

KATA COMPETITION:

- Any combination of male, female or mixed pairs who meet the requirements specified under the individual competition eligibility requirements.

MASTERS COMPETITION

- Age Category will be determined by year of birth. Must have been born December 31, 1985 or earlier.

SENIOR COMPETITION

- Brown/Black Belt and Novice contestants.

INDIVIDUAL COMPETITION

INDIVIDUAL COMPETITION RULES

The Championships will be conducted in accordance with the Contest Rules, Organizational Code and the Sporting Code of the International Judo Federation as revised for this 2015 2ND Annual USJA/USJF Senior National Championships as follows:

- Seeding: There will be NO seeding of athletes. The draw will be random, with the restriction that players having the same State affiliation will be placed as far apart in the bracket as possible.
- Judo Gi Sizing: Shiai & Masters Shiai Athletes MUST wear judogis that comply with the 2015 IJF judogi specification regarding sizing.
- Judo Gi Color: The wearing of a Blue Judo gi by the “blue” side competitor will be required. Competitors are responsible for appearing in the correct color gi. Under no circumstance shall both competitors be allowed to compete in blue or white gis, nor will the blue and white competitors be allowed to switch positions. Each athlete must appear with the appropriate color judogi. The gi jacket and pants must be the same color; no mixing of colors.

METHOD OF COMPETITION

All contestants are expected to report to their assigned contest area three matches prior to their assigned match. Failure to report at the designated time may result in the competitor forfeiting that match.

INJURY RULE

Decisions as to whether an athlete may continue if injured while on the mat, are to be resolved in accordance with IJF rules; such decisions occurring off the mat or not covered by IJF rules, are to be made by the coach, the athlete, and the Team doctor. If there is no unanimous opinion among these three individuals, the athlete may not continue.

INDIVIDUAL COMPETITION CATEGORIES AND WEIGHT DIVISIONS

All weights listed below are in kilograms. For each weight division, the weight range will be over the next lower weight and up to and including the weight listed.

Example: Male 60 kg- over 55 kg and up to and including 60 kg

The following Age/Weight Categories will be used for the competition: **Brown/Black Belt Divisions:**

Male - 55, 60, 66, 73, 81, 90, 100, +100

Female - 44, 48, 52, 57, 63, 70, 78, +78

- **Match lengths:** Five minutes. No time limit Golden Score

Novice Divisions:

Male – Light, Middle and Heavy

Female – Light, Middle and Heavy

- **Match lengths:** Three minutes. Two minute Golden Score

Master's Divisions:

Male & Female - 30 years and older in 5 year increments –Light, Middle, and Heavy (to be determined)

Match lengths: 30-55 years old divisions – three minutes and two minute Golden Score
56 years and older divisions - two minute matches and one minute Golden Score

Tournament committee reserves the right to modify categories for the betterment of the competition.

Kata Competition:

- There are five events to be contested: Nage-No-Kata, Katame-No-Kata, Kime-No-Kata, Ju-No-Kata, and Goshin-jutsu
- A contestant may enter only one Kata event once, i.e. cannot enter the same Kata event with a different partner.
- A separate application and entry fee must be included for each Kata event entered.

REGISTRATION, ENTRY FEES

EARLY REGISTRATION:

The official entry form and all other forms and documents must be fully completed, properly signed, appropriate fees enclosed, money ordered or check (NO CASH), mailed to the address stated below and postmarked no later than June 5, 2015.

POSTMARKED BY JUNE 5, 2015	
Shiai – Individual Entry Fee	\$100.00
Shiai – Individual Entry Fee – If Staying at Tournament Headquarters	\$ 85.00
Kata Team – One Kata	\$100.00
Kata Team – One Kata - If Staying at Tournament Headquarters	\$ 85.00
Kata Team – Two Katas	\$130.00
Kata Team – Three Katas	\$140.00
Kata Team – Four/Five Katas	\$160.00

*Marriott Indianapolis Downtown (Tournament Headquarters) **Confirmation # must** be included with Entry Form.

LATE REGISTRATION:

The official entry form and all other forms and documents must be fully completed, properly signed, appropriate fees enclosed, money order or check (NO CASH), mailed to the address stated below and postmarked no later than June 26, 2015.

POSTMARKED NO LATER THAN JUNE 26, 2015	
Shiai – Individual Entry Fee	\$120.00
Shiai – Individual Entry Fee – If Staying at Tournament Headquarters	\$105.00
Kata Team – One Kata	\$120.00
Kata Team – One Kata - If Staying at Tournament Headquarters	\$105.00
Kata Team – Two Katas	\$140.00
Kata Team – Three Katas	\$150.00
Kata Team – Four/Five Katas	\$170.00

*Marriott Indianapolis Downtown (Tournament Headquarters) **Confirmation # must** be included with Entry Form.

DO NOT MAIL ANY ENTRY FORMS AFTER 6/26/2015! Any entry form received with a late postmark is **VOID**. Competitor will need to bring the entire entry packet to registration and pay the walk-in fees listed below.

WALK-UP REGISTRATION:

Saturday, July 11, 2015 at the Indiana Convention Center. **NO PERSONAL CHECKS.**

Cash, money order or cashier's check only.

WALK-UP REGISTRATION JULY 11, 2015	
Shiai – Individual Entry Fee	\$140.00
Kata Team – One Kata	\$140.00
Kata Team – Two Katas	\$150.00
Kata Team – Three Katas	\$160.00
Kata Team – Four/Five Katas	\$180.00

INCOMPLETE ENTRY APPLICATIONS: *Entries with incomplete or missing information will be charged the walk-up registration fees.*

ENTRY FEES ARE NON-REFUNDABLE

Make Checks payable to: 2015 JAJF Nationals

Mail to: Donna Branson – 10333 Quiet Drive – Indianapolis, IN 46239

OFFICIAL INDIVIDUAL SHIAI COMPETITION ENTRY FORM (Championships Shiai Contestants Only)

Payment Options _____	Amount \$ _____
Payment Method <input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check	

Competitor Information

Name (Last) _____ (First) _____	
Address: _____ E-mail: _____	
City _____ State _____ Country _____ Zip Code _____	
Phone: (_____) _____	
Parent(s)/Legal Guardian(s)(if under 18) _____	
Club Name _____ Instructor's Name _____	
Club E-mail _____ Judo Rank _____	
<input type="checkbox"/> USJF <input type="checkbox"/> USJA <input type="checkbox"/> USA Judo <input type="checkbox"/> Foreign NGB	
Membership/ Foreign Passbook # _____	
Expiration Date (mm/dd/yyyy) / /	

Category: (check one)

Senior Brown/Black Belt

Novice

Circle One

Male: 55 60 66 73 81 90 100 +100

Female: 44 48 52 57 63 70 78 +78

Participant's Signature

Date

Parent/Legal Guardian Signature if Participant under 18 yrs. Old

Date

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/ Deafness
 Other Type of assistance/accommodation requested or name of person assisting: _____

IMPORTANT! Do not forget to include the following:

- Proof of age (government issued birth certificate or passport, verified USA Judo or USJF card with "V" besides the birth date).

NOT ACCEPTABLE: Driver's licenses, church records, hospital certificates, school ID cards, etc.

- Proof of membership (copy of membership card).
- Signature of parent/legal guardian if contestant is under 18 years of age on all appropriate forms.
- Passport size (or equivalent) headshot photo to be used for contestant badge.

OFFICIAL INDIVIDUAL MASTERS SENIOR COMPETITION ENTRY FORM (Masters Shiai Contestants Only)

Payment Options	Amount \$ _____
Payment Method <input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check	

Competitor Information

Name (Last) _____ (First) _____			
Address _____	E-mail: _____		
City _____ State _____ Country _____	Zip Code _____		
Phone: _____	Email: _____		
Club Name: _____	Instructor's Name: _____		
Club E-mail _____	Judo Rank _____		
<input type="checkbox"/> USJF	<input type="checkbox"/> USJA	<input type="checkbox"/> USA Judo	<input type="checkbox"/> Foreign NGB
Membership/Foreign Pass book # _____			
Expiration Date (mm/dd/yyyy) _____			

Circle your age group: Age determined by YEAR BORN ONLY (not day you were born)

30 - 34 35 - 39 40 - 44 45 - 49 50 - 54 55 - 59 60 - 64 65 - 69 70 - 74 75 - 79

Male & Female - 30 years and older in 5 year increments –Light, Middle, and Heavy (to be determined)

Participant's Signature

Date

If assistance/accommodation is needed (check off appropriate box): <input type="checkbox"/> Vision Loss/Blindness <input type="checkbox"/> Hearing Loss/ Deafness
<input type="checkbox"/> Other Type of assistance/accommodation requested or name of person assisting: _____

- **IMPORTANT!** Do not forget to include the following:
Proof of age (government issued birth certificate or passport, verified USA Judo or USJF card with “V” besides the birth date).
NOT ACCEPTABLE: Driver's licenses, church records, hospital certificates, school ID cards, etc.
- Proof of membership (copy of membership Page 7 of 13 card).

OFFICIAL SENIOR KATA ENTRY FORM

(Tori and Uke Must Submit Separate Forms For Each Kata)

Payment Options _____	Amount \$ _____
Payment Method <input type="checkbox"/> Certified Check <input type="checkbox"/> Money Order <input type="checkbox"/> Personal Check	

Competitor Information

Name (Last) _____ (First) _____	
Address: _____ E-mail: _____	
City _____ State _____ Country _____ Zip Code _____	
Parent(s)/Legal Guardian(s)(if under 18yrs) _____	
Phone _____ Fax _____	
Club Name _____ Judo Rank _____	
Instructor Name _____	
Instructor e-mail _____	
<input type="checkbox"/> USJF <input type="checkbox"/> USJA <input type="checkbox"/> USA Judo	
Membership # _____	Expiration Date (mm/dd/yyyy) //

KATA PARTNER'S NAME	
Name (Last) _____ (First) _____	

Select Kata: Nage-No- Kata Ju- No- Kata Katame – No- Kata
 Kime – No – Kata Goshin – Jutsu

Select Role: Tori Uke

If assistance/accommodation is needed (check off appropriate box): <input type="checkbox"/> Vision Loss/Blindness <input type="checkbox"/> Hearing Loss/ Deafness <input type="checkbox"/> Other Type of assistance/accommodation requested or name of person assisting: _____
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- For **Each Kata** the Team is entering, each Team member must fill out his/her own entry form and list Partner's name. Team must submit the proper fees and application for **Each Kata** category. The actual team member's name must be stated on the application form and sent in as **One application. Kata applications sent in separately will be returned as incomplete.**
- **If contestant is under 18 years of age, Parent/Legal Guardian must sign the proper forms. No exceptions.** All forms must be completed and attached to the Entry Form. Please use the Check-off list of items to ensure you send in a complete Registration Packet.

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 the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the of United States Judo Associations, Inc., United States Judo Federation Inc., USA Judo/United States Judo, Inc., Indiana Convention Center, Marriott Indianapolis Downtown, Indiana Judo and the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships Staff, 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 the 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 Associations, Inc., United States Judo Federation Inc., USA Judo/United States Judo, Inc., Indiana Convention Center, Marriott Indianapolis Downtown, Indiana Judo and the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships Staff, 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 fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or 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, 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's 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 parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the 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's Name _____

Parent/Legal Guardian's Signature _____

Date _____

**CERTIFICATE REGARDING PARTICIPANT'S ABILITY
(All NON-BLACK BELT Contestants)**

I, _____, a Judo Instructor, who has been awarded the Judo rank of Shodan or higher, _____ under the auspices of the United States Judo Federation Inc., United States Judo Association Inc., USA Judo/United States Judo Inc., hereby certify that (contestant) _____, although not having been awarded the rank of Shodan or higher is of sufficient aptitude and skill in Judo to participate in the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships.

Signature of Judo Sensei / Instructor

Date

Signature of Parent / Legal Guardian (if contestant is under 18 years of age)

Date

**MEDICAL RELEASE AND CONSENT TO THE TREATMENT
(Any Contestant 18 years or older)**

I hereby grant permission and consent in the case of possible injury or any injury that may occur during the, 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships as will be referred to as the "Championships" hereinafter, for the organizers of the Championships to provide me with an athletic trainer, paramedic and/or a doctor to examine me, and if needed, in their opinion, to provide me the medical assistance and/ or assistance and/or treatment and transportation, if needed, to a medical facility for a more extensive and comprehensive examination, including X-rays, anesthetic, medical or surgical diagnosis or treatment, and hospital care if deemed advisable by the medical staff of the Championships or of the hospital. I agree to accept all financial obligations incurred as a result of any medical assistance, treatment and related expenses provided in connections with any injuries which I may receive during this Championships,

(Participant) Print Clearly: _____ Signature _____ Date _____

POWER OF ATTORNEY

(Any contestant under the age of 18 whose parent(s)/legal guardian(s) will not attend)

I (We) the parent(s) or legal guardian(s) of (participant) _____ have made, constitute and appoint my (our) true and lawful attorney for me (us) and in my (our) name(s), place, and stead to do any and every act and exercise any and every power that I (we) might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in her/him, irrevocable and full power and authority to do and perform every act and thing whatsoever requisite and necessary to be done in connection with the Participant participating in the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships, registering for the events, receiving medical treatment and make any other decision as I (we) might or could make or do is personally present.

Parent / Legal Guardian Signature

Witness Signature

Date

**MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR
(Any contestant under the age of 18)**

Name (Last) _____ (First) _____
Address _____ e mail: _____
City _____ State _____ Country _____ Zip Code _____
Date of Birth: (mm/dd /yyyy) _____ Age _____ Gender _____
<input type="checkbox"/> USJF <input type="checkbox"/> USJA <input type="checkbox"/> USA Judo
Membership # _____ Expiration Date (mm/dd /yyyy) _____
Parent(s) / Legal Guardian(s) _____ Phone: _____
In emergency, parent(s) /legal guardian(s) can be reached at during tournament. Phone: _____

I (we), the undersigned parent(s) / legal guardian(s) of _____ a minor, do hereby authorize the United States Judo Association, its Tournament Director, Referee Director, and any and all Organizers, Promoters, Officers, Staff, Referees, Tournament Workers, and Volunteers of the 2015 2nd Annual Grassroots Judo™ Summer Nationals USJA/USJF Senior Judo Championships, hereafter referred to as the “Championships”, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

PARENT / LEGAL GUARDIAN PLEASE INITIAL _____

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgement, may deem advisable.

PARENT / LEGAL GUARDIAN PLEASE INITIAL _____

It is understood that the parent(s)/legal guardian(s) of _____ are responsible for all costs that may be incurred as a result of the diagnosis, treatment or hospital care while traveling to or competing in the Championships. It is also understood that the Championships/agent(s) will contact the parent(s)/legal guardian(s) at the first opportunity available, but will have the welfare of the injured minor as a first priority. In the event that the parent(s)/legal guardian(s) are unable to make decisions concerning the need for medical diagnosis, treatment or hospital care, either a Championships official or, in the event of a life or death threatening situation, a proper authority (police, fire, rescue, medical, etc) will be authorized to give consent for diagnosis, treatment or hospital care.

PARENT / LEGAL GUARDIAN PLEASE INITIAL _____

The undersigned has carefully read and voluntarily signed the MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR form, and further agrees that no oral representations, statements or inducements apart from the foregoing written have been made; and that the undersigned understands that this contract constitutes a MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR.

PARENT / LEGAL GUARDIAN PLEASE INITIAL _____

Signature of Parent or Legal Guardian: _____ Date: _____

FALSE ALARM / DAMAGES STATEMENT / “SPIRIT OF JUDO” CLAUSE

This form certifies that the competitor, his/her instructor and parent(s) / legal guardian(s) understand that an emergency vehicle response to a false fire alarm may result in serious injury and loss of life, and that a fine, imprisonment and other possible legal consequences may result from activating any false alarm in connection with participation in this tournament. In addition, charges assessed for a false alarm or other damage to tournament and hotel facilities shall, together with the cost and fees incurred with collecting said charges, shall be the responsibility of the perpetrator’s parent(s) / legal guardian(s) and home dojo.

These Championships are an opportunity to showcase the best Senior competitors, coaches/instructors and officials from the United States and foreign visitors. The intensity and excitement of the events will be high. The “Spirit of Judo”, however, must be maintained. Respect for and from all competitors, coaches, officials and spectators towards each other will be expected. Individuals determined to be detrimental to this ideal through their physical or vocal actions may be asked to leave the site or if a competitor, be removed from competition. The Tournament Director, with the consultation of appropriate Tournament officials will make the final decision.

THIS PROVISION IS UNDERSTOOD.

_____ Competitor (Print Name)	_____ Competitor Signature (REQUIRED)	_____ Date
_____ Judo Instructor (Print Name)	_____ Judo Instructor Signature (REQUIRED)	_____ Date
_____ Parent / Legal Guardian (Print Name)	_____ Parent . Legal Guardian Signature (REQUIRED) (if the contestant is under 18 years of age)	_____ Date

CHAMPIONSHIPS SHIAI & KATA ENTRY REQUIREMENT CHECKLIST

- Official Shiai or Kata Entry Form w/ Entry Fee (Remember Kata is by Team Entry)
- Warning, Waiver, Release of Liability and Agreement to Participate
- Certificate Regarding Participants Ability
- Medical Release for Treatment of a Minor (under 18) or Medical Release for Treatment (18 and older)
- False Alarm/Damages/Spirit of Judo Statement
- Photocopy of current USJF, USJA, USA Judo, Foreign NGB membership card. Be sure to bring card to registration check in.
- Photocopy of Proof of Age (government issued) birth certificate, passport, USJA or USA Judo membership card
With verification symbol “V” printed following birth date
- Copy of Black Belt Certificate: for proof of rank or instructor’s copy regarding Non-Black belt contestant
- Passport size(or equivalent) head shot photo to be used for contestant badge
- Spectator Tickets Pre-sale

**PLEASE CHECK THAT ALL SIGNATURE SECTIONS ARE COMPLETELY CORRECT
MISSING OR INCOMPLETE ITEMS WILL NEED TO BE CORRECTED ON
REGISTRATION DAY OR ENTRY WILL NOT BE ACCEPTED**

**ALL CONTESTANTS MUST STILL CHECK IN/ WEIGH IN ON DAY OF REGISTRATION:
SATURDAY , JULY 11, 2015, FROM 12:00 PM TO 3:00 PM**

**ALL FORMS AND CORRECT ENTRY FEES (checks payable to: 2015 JAJF Junior
Nationals) SHOULD BE MAILED TO: Donna Branson**

10333 Quiet Drive – Indianapolis, IN 46239

Coaches Credentials Application Form

Each Club will be allowed a Free Coaches Badge to be mat side for a maximum of 1 coach per mat or one per number of contestants from that club (whichever is less) for both these Championships and 6th Annual Grassroots Judo™ Junior National Championships. **There will be six (6) contest areas = maximum of six (6) coaches.** For additional Coaches badge, beyond your dojo's maximum allotment, a fee of \$ 45 each will be charged.

Coaches' badge (Competition Floor Pass Credentials) will be provided to Nationally Certified Coaches (USJF, USJA or USA Judo), provided that the coach's credential application form is received and postmarked on or before June 10, 2015.

Coaches who "walk-up" and register on Thursday, July 10, 2015 must provide all necessary forms and documents. Coaches Badge fee will be \$50 each.

All applications for Coaches Badges must be submitted together as a Club with photocopies of all necessary documentation. All memberships and certifications must be current throughout the entire event!

Required Documentation:

- Copy of current coaches certification from USJF, USJA, USA Judo or National Federation
- Copy of current membership in USJF, USJA, USA Judo or National Federation
- Any required fees (if applicable)

***ALL Coaches must check-in on Thursday, 7/10/2015 between 9:00 am to 5:00 pm
NO Coaches Badges will be issued on day of competition***

PLEASE PRINT CLEARLY:

Club: _____ **Head Instructor:** _____

Contact person: (Telephone) _____ **Email:** _____

	USJF, USJA OR USA Judo Member #	EXP. Date
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____
6) _____	_____	_____

All coaches will be required to dress appropriately. Business casual attire, sweat suit with white polo shirt, dress jeans (no holes, markings), button down shirt or polo. Dress shoes, tennis shoes. No t-shirt, tank tops, sandals, flip-flops.

Any coaches badge may be revoked upon request by the Tournament Director(s). The coach will lose access to matside for any action deemed necessary by the Tournament committee.

Please send this application and necessary forms with fee (if applicable) to:

2015 USJA/USJF Junior Nationals
c/o Donna Branson
10333 Quiet Drive – Indianapolis, IN 46239

Credit Card Charge Request

If you wish to use your Credit Card for Entry Fee, Advertisement in the Program Booklet, or for Merchandise Sales Booth, please complete the following information:

Name: _____

Address: _____

Telephone #: _____

Credit Card (circle one): MasterCard VISA _____(CVVC)

Credit Card #: _____ Credit Card Expiration Date: _____/_____
(month) (year)

Name as it appears on Credit Card (please print): _____

Amount authorized to charge: _____

Signature: _____ Date: _____

Mail Form **(with Entry Form, Advertisement Form or Merchandise Sales Booth Form)**

To: Donna Branson – 10333 Quiet Drive – Indianapolis, IN 46239 or email to dsbranson@comcast.net