



2016

WEST COVINA SENSEI MEMORIAL NOVICE JUDO TOURNAMENT

TOURNAMENT IS STRICTLY FOR COMPETITORS RANKED GREEN BELT OR LOWER, NO EXCEPTIONS!

DATE/TIME: Sunday, September 25, 2016
Tournament will begin promptly at 9:00 A.M.
Referee/Coaches Meeting at 8:00 A.M.

LOCATION: East San Gabriel Valley Japanese Community Center
1203 West Puente Ave.
West Covina, Ca 91790

<u>Registration and Weigh-In</u> Yonen (5-12) 7-8:30 Shonen (13-16) 8-9:30 Seinen (17 & older) 9:30-11

ELIGIBILITY: All competitors must show proof of current USJF, USJI, or USJA membership insurance card.

ENTRY FEE: PRE-REGISTRATION FEE (postdated by September 16, 2016)
\$30.00 - 1st division
\$20.00 - 2nd division or each additional, immediate family member.

Mail Pre-Registration Form To:

Jeniffer Yanagi
C/o West Covina Judo Dojo
382 N. Lemon Ave. #176
Walnut, California 91789

Make personal checks, cashier's checks, or money orders payable to:

WEST COVINA JUDO DOJO

*There will be a \$25.00 charge on all returned checks*d

REGISTRATION FEE (after 9/11/16 and day of competition)
\$40.00 - 1st division
\$30.00 - 2nd division or each additional, immediate family member.

AWARDS: First, Second, and Third place will be awarded in each division.

DIRECTOR: Taizo Sasaki E-mail: tcsasaki@gmail.com Tel: 323.559.0088

In the best interest of the competitors and sport, directors reserve the right to make any necessary changes



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Current modified IJF rules with following modifications

- Contest area will be modified to 7 meters
- Outside of the non-adjointing contest area safety zone and the out of bounds area will be modified to 3 meters
- Adjointing contest area safety zone and out of bounds area will be modified to 4 meters
- The Care System will not be in use
- Pool Format (limited to 5 players) Modified Double Elimination (6 or more players)
- Pre-2003 rules regarding Medical Treatment - Modified Medical Treatment Rules
- Awards are earned by most wins, most points, or final will be head to head competition NO KANIBASAMI (Flying Scissors) in any division
- NO KANSETSU-WAZA (Arm Locks) in any division
- NO DOUBLE KNEE WAZA (no drop knee waza) Yonen division, 12 and under
- Co-ed up to 8 years old
- All competitors must be WHITE BELT TO GREEN BELT!

YONEN: Male and Female* (5-12 years old) *Note: Co-ed 5&6 and 7&8

MATCH TIME: 2.5 MINUTES (Golden Score)

- No Shime Waza (chokes) 12 and under
- No Double Knee (drop knee throws) 12 and under
- No Kansetsu Waza (arm locks)

SHONEN: Male and Female (13-16 years old) **MATCH TIME:** 3 MINUTES (Golden Score)

- No Kansetsu Waza (arm locks)

SEINEN: Male and Female (17 years and older)

MATCH TIME: 3 MINUTES (Golden Score)

- No Kansetsu Waza (arm locks)

White Judo Gi are MANDATORY!

Blue Judo Gi are Optional

USJF Sanction #16-09-15



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Official Use Only	
1 st Division _____	
2 nd Division _____	Division

<u>MALE</u>	<u>FEMALE</u>	<u>AGE</u>	<u>WEIGHT</u>	<u>REGISTRATION #</u>
Cash \$ _____ Check # _____ amount _____ official initials _____				
<u>YONEN</u>				
SUPER LT. WEIGHT	LIGHT WEIGHT	MIDDLE WEIGHT	LT. HEAVY WEIGHT	HEAVY WEIGHT
	(5-6)	(7-8)	(9-10)	(11-12)
<u>SHONEN</u>				
SUPER LT. WEIGHT	LIGHT WEIGHT	MIDDLE WEIGHT	LT. HEAVY WEIGHT	HEAVY WEIGHT
	(5-6)	(7-8)	(9-10)	(11-12)
<u>SEINEN</u>				
LIGHT WEIGHT	MIDDLE WEIGHT	HEAVY WEIGHT		
	(13-14)	(15-16)		

NAME: _____ DATE OF BIRTH: ____/____/____
 Last First month / day / year

AGE: _____ DOJO/CLUB: _____ RANK: _____

USJF# _____ USJA# _____ USJ# _____ EXPIRATION DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ E-MAIL: _____

COMPETITOR'S SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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 TO AGE/WEIGHT CHANGE (UNDER 18 YEARS OLD)

I, the undersigned parent of (child's name) _____ have been informed of the method of competition for the 2016 Sensei Memorial Novice Tournament.

Check one and sign:

() My child MAY be moved up into another weight division of the same age, and/or ability OR moved into another weight division not of the same age, but of the same weight and/or ability.

() My child MAY NOT be moved into another weight or age division under any circumstances.

Signature of Child: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

DIVISIONS MAY BE COMBINED AT THE DISCRETION OF THE TOURNAMENT DIRECTORS

NON-BLACK BELT WAIVER FORM *MUST BE COMPLETED BY ALL NON-BLACK BELTS*

I, _____, a Judo instructor who has earned the Judo rank of Shodan or higher, under the auspices of one of the following organizations; United States Judo Federation, United States Judo Association, or United States Judo, Inc., hereby certify that: _____, although not awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in the 2016 Sensei Memorial Novice Tournament.

Instructor's Signature: _____

Rank: _____ Date: _____

USJF Sanction #16-09-15

WARNING!
WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE
(Including Limited Co-Ed Competition for Age 10 and Under for USJF Sanction)

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 Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Nanka Judo Yudanshakai, Inc., East San Gabriel Valley Japanese Community Center, and the West Covina Judo Dojo**, 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 Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Nanka Judo Yudanshakai, Inc., East San Gabriel Valley Japanese Community Center, and the West Covina Judo Dojo**, 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. CONSISTENT WITH THE BY-LAWS OF USJF, THIS TOURNAMENT MAY INCLUDE CO-ED COMPETITION FOR AGES 10 AND UNDER IN COMPARABLE AGE/WEIGHT DIVISIONS WHERE THERE IS AN INSUFFICIENT NUMBER OF GIRLS FOR NON-CO-ED AGE/WEIGHT DIVISIONS. I HAVE READ AND UNDERSTAND THE TOURNAMENT ANNOUNCEMENT CONCERNING THESE SPECIAL DIVISIONS. 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

Parent/Legal Guardian's Signature

Date