



2020 LAS VEGAS JUDO TOURNAMENT

Hosted by FIGHT CAPITAL JUDO CLUB and SAN GABRIEL JUDO DOJO

USJF
Sanction
#20-02-01

SATURDAY, FEBRUARY 29, 2020 AT 10AM

Slam Academy Nevada, 1095 Fielders Street Henderson, NV 89015
Tournament Director - Chris Sakoda (702) 936-9729/c.sakoda@yahoo.com

REGISTRATION INFORMATION

All entry fees are non-refundable. Multiple registration forms if entering multiple divisions. Do not send cash. All returned checks will be charged a \$25 service fee.

PRE-REGISTRATION (Before 2/27/20)	POST-REGISTRATION (After 2/28/20)	ONSITE REGISTRATION/ CHECK-IN	WEIGH-INS	REFEREE MEETING
\$30 - 1st Division	\$40 - 1st Division	Friday, 2/28/20 5:00pm to 8:00 pm	Yonen (5-12 years) 8:00am to 9:00 am	8:30am to 9:30am
\$20 - 2nd Division or each additional immediate family member (must be submitted at the same time)	\$30 - 2nd Division or each additional immediate family member (must be submitted at the same time)	Saturday, 2/29/20 8:00am to 10:00am **see weigh-in times**	Shonen/Seinen (13+ years) 9:00am to 10:00am	ALL coaches encouraged to attend
Copy of USJF, USA Judo or USJA membership card must be submitted with registration.		<u>Registration and weigh-ins CLOSE at 10:00am SHARP</u> Parents will be given the opportunity to review the categories and confirm their child's/athlete's suitability for participation		
Check Payable to FIGHT CAPITAL JUDO CLUB ATTN: CHRIS SAKODA 3050 Sirius Ave #102 Las Vegas, NV 89015		SLAM ACADEMY NEVADA 1095 Fielders Street Henderson, NV 90015		

TOURNAMENT RULES

This tournament is open to all contestants at least five (5) years of age on the day of competition and who are registered members in good standing with the United States Judo Federation (USJF), United States Judo, Inc. (USA Judo) or United States Judo Association (USJA). All contestants must present a current and valid USJF, USA Judo or USJA membership registration card as proof of insurance at the time of registration. Any contestant unable to present a current and valid membership registration card will be required to purchase or renew prior to acceptance of the entry form for this tournament.

All matches will be conducted with using current International Judo Federation Contest Rules with the following modifications:

- Modified Double Elimination Bracket format and Round Robin Pool System for groups of 5 or less.
- Contest area shall be 6x6 meter with 4 meter safety area between competition areas and a 3 meter outside border.
- CARE system may be used. If the CARE system is not in effect, one referee will be on the mat and two will be seated at the sides of the mat.
- Double drop knee will be allowed in ALL Yonen divisions.
- Any competitor who suffers a concussion (as determined by the medical staff) and/or who lose consciousness from head impact will not be allowed to continue competing in the tournament that day, in any division. If a competitor suffers such injury, they are strongly advised to obtain a medical release from their personal physician before returning to train and compete in Judo.
- Players who are choked out are NOT allowed to continue to compete in the tournament except Senior Brown/Black or Masters Brown/Black Division.
- Golden Score in all divisions. NO HANTEI.
- White judogi is mandatory. Blue judogi is optional. Competitors must provide their own white and blue belts. **NO JIU-JITSU GI ALLOWED.**

Yonen (5-12 yrs)	Shonen (13-16 yrs)	Seinen Novice (17+ yrs) Under Brown	Seinen (17+ yrs) Shodan Sankyu No White Belts	Masters (35+ yrs) No White belts
Match Time: 2 1/2 min	Match Time: 3 min	Match Time: 3 min	Match Time: 4 min	Match Time: 3 min
Golden Score: 1 min	Golden Score: 2 min	Golden Score: 2 min	Golden Score: 3 min	Golden Score: 2 min
NO shime-waza (chokes) or kansetsu- waza (arm locks) Pre-2003 Medical Rules	NO kansetsu-waza (arm locks) Pre-2003 Medical Rules	NO kansetsu-waza (arm locks) Pre-2003 Medical Rules	IJF Rules regardless of Rank or Age	IJF Rules regardless of Age

DIVISIONS

Divisions may be combined at the discretion of the tournament committee. Coaches, instructors and parents will have the opportunity to review the categories and confirm their contestant's/child's suitability for participation.

YONEN/SHONEN Novice Divisions White/Yellow Advanced Divisions Orange/Green Blue/Purple Anyone over 10 lbs of age group will go up to the next age and weight up to 14 years.	5-6 years	SLW	LW	MW	LHW	HW	SHW		
	7-8 years	SLW	LW	MW	LHW	HW	SHW		
	9-10 years	SLW	LW	MW	LHW	HW	SHW		
	11-12 years	SLW	LW	MW	LHW	HW	SHW		
	13-14 years	SLW	LW	MW	LHW	HW	SHW		
	15-16 years	SLW	LW	MW	LHW	HW	SHW		
Seinen Novice - NON-Brown/Black	17 + years	LW	MW	HW	-	-	-		
Seinen - Brown/Black - FEMALE	17 + years	-97	-100	-114	-125	-138	-154	-173	+173
Seinen - Brown/Black - MALE	17 + years	-115	-132	-145	-160	-178	-198	-220	+220
Masters	35+ years	LW	MW	HW	-	-	-		

** FOR TOURNAMENT OFFICIALS USE ONLY ** DO NOT WRITE IN THIS AREA **

GENDER	AGE	OFFICIAL WEIGHT	RANK	DIVISIONS	PAYMENT	REGISTRATION STAMP
				1st Div	Cash/Check# \$	
		Official's Initials		2nd Div AGE WT RANK	Registrar's Initials	

OFFICIAL 2020 LAS VEGAS JUDO TOURNAMENT ENTRY FORM USJF SANCTION #20-02-01

ENTRY FORMS MUST BE COMPLETE - INCOMPLETE FORMS WILL NOT BE PROCESSED

Participant - Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Age _____ Gender: Female Male USJA/USJF/USAJudo # _____ Exp Date _____

Belt Rank: White Yellow Orange Green Blue Purple

Brown Rank: Sankyu Nikyu Ikkyu

Black Rank: Shodan Nidan Sandan Yondan Godan or Higher

Divisions: Yonen (5-12 years) Shonen (13-16 years) Seinen Novice (17+ years)

Seinen Black/Brown (17+ years) Masters (35+ years)

Is this your first tournament? Yes No Do you want to compete in the Black Belt Pool? Yes No

Dojo/Club _____ Sensei/Coach _____

Home Address (street, city & state/zip) _____

Cell # (Text communication may be used) _____ Email _____

Emergency Contact _____ Cell # _____

Disability or Special assistance/accommodations: Vision loss/Blindness Hearing loss/Deafness

Please indicate the type of assistance/accommodation needed and/or name of the person assisting.

All waiver/release of liability, consent, authorization and agreement to participate, which are part of this official entry form, must be duly signed and turned in by all contestants PRIOR to the start of the competition.

****MUST BE COMPLETED BY ALL INSTRUCTORS/SENSEIS FOR EVERY CONTESTANT****

NON-BLACK BELT WAIVER

(Must be completed by ALL Non-Black Belts competing in Black Belt Division)

I, _____, a judo instructor, who has been awarded the judo rank of Shodan or higher, under the auspices of one of the following organizations: United States Judo Federation (USJF), United States Judo Association (USJA), or USA Judo, or the United States Judo Association, hereby certify that the ABOVE contestant, although not having been awarded the judo rank of Shodan or higher is of sufficient aptitude and skill in judo to compete in the Las Vegas Judo Tournament.

Signature of Judo Instructor

Date

Signature of Contestant or Parent/Legal Guardian, if under 18 years of age.

Date

CONSENT FOR AGE/WEIGHT CHANGE

(For participants under 18 years of age)

We/I, the undersigned parent/legal guardian of _____ have been informed of the method of competition for the Las Vegas Judo Tournament.

- We/I express our/my consent that _____ MAY be moved up into:
- another WEIGHT bracket of competition of the same age.
 - another AGE bracket of the same weight.

- We/I express our consent that _____ MAY NOT be moved into another _____ weight bracket.

Signature of Judo Instructor

Date

Signature of Parent/Legal Guardian, if under contestant is under 18 years of age.

Date

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WEIGH-IN SHEET

Email signed form to c.sakoda@yahoo.com

CLUB NAME _____

FIRST NAME	LAST NAME	AGE	RANK	MALE/FEMALE	WEIGHT (LBS)

Please note that if there is any question in regards to an athlete's weight he or she may be asked to weigh in at the event. Also, this list ONLY confirms an athlete's weight, all completed registration forms and requirements must be submitted.

THIS LIST MUST BE SIGNED AND RECEIVED BY CHRIS SAKODA BY 11:59PM ON THURSDAY, FEBRUARY 27. NO EXCEPTIONS.

I, _____, verify and confirm that I am a registered member and club under USA Judo, USJA and or USJF and hold the minimum rank of SHODAN or higher AND/OR hold an upper management position at the club stated above and confirm that the information above are in fact true. I also understand that there is a NO REFUND policy if any athlete does not attend the event the day of.

Name of Judo Club Representative

Date

Signature of Judo Club Representative

Date

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 Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Nanka Judo Yudanshakai, Inc., Fight Capital Judo Club, San Gabriel Judo Dojo, and the Slam Academy Nevada**, 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., Fight Capital Judo Club, San Gabriel Judo Dojo, and the Slam Academy Nevada**, 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

Parent/Legal Guardian's Signature

Date