



2016 Winter Baby Bay State Judo Tournament

Youth Tournament for Juniors Ages 9 and Under

Saturday, December 3, 2016

◆ Check-ins 2:00-2:30 pm ◆ Competition starts 3:00 pm

PRE-REGISTRATION BY EMAIL IS MANDATORY!

YOU MUST EMAIL YOUR REGISTRATION INFO - ABSOLUTELY NO WALK-UPS

Send your email to Teamtohoku@aol.com by **midnight Thursday, Dec. 1, 2016**

BE ACCURATE on weights; Signed Waivers and Fees will be collected on site.

SITE: TOHOKU JUDO CLUB, 2322 Massachusetts Ave., 2nd Floor

Tel: (617) 491-0520

TOURNAMENT COORDINATOR: Dale Swett (email if you have questions: teamtohoku@aol.com)

TIMES: Check-in & Weigh-in from 2:00-2:30 pm. Competition starts at approximate 3:00 pm

NOTE: ABSOLUTELY NO WALK – UPS

FEES: \$15.00/Competitor

AWARDS: ALL competitors will receive recognition.

FORMAT: Round robin competition for all divisions with a point system to determine winners, all competitors guaranteed a minimum of two matches. Matches will be one 3-minute period for ages 6 – 9; 2-minute period for ages 5 and under.

RULES: Modified** IJF Contest Rules will be in effect; however there will be NO CHOKES and NO ARMBARS, there may be co-ed competition for these divisions, particularly because all competitors will be less than 10 years of age.

ELIGIBILITY: ONLY Massachusetts Residents and/or Members of Massachusetts dojos with current USJF, USAJudo and/or USJA affiliation are eligible to compete. MUST present current membership card.

DIVISIONS: Divisions will be set based on safety, weight, experience and number of competitors. (*Tournament Director reserves the right to add, combine and/or cancel divisions based on the number of competitors; Coaches, Instructors, & Parents will have an opportunity to review the categories and confirm their child's/athlete's suitability for participation.*)

ALL AGES MAY BE CO-ED:	Age 4	Light	/	Medium	/	Heavy
	Age 5	Light	/	Medium	/	Heavy
	Age 6 – 7	Light	/	Medium	/	Heavy
	Age 8 – 9	Light	/	Medium	/	Heavy

Print all information **Date:** _____ **WEIGHT:** _____

NAME: _____ Male Female

ADDRESS: _____

Phone # _____ **Email:** _____

Age: _____ **Date of Birth:** _____ **RANK:** _____

CLUB: _____ **COACH:** _____

ORGANIZATION: USJF # _____ USJA # _____ USA JUDO# _____ **EXPIRES:** _____

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Two attached pages must be signed: Certificate Regarding Non-Black Belt Contestants & Participation Waiver

Have this signed by your coach BEFORE the tournament!

Certificate Regarding Non-Black Belt Contestants

I, _____ a Judo instructor, who has been awarded the
(print name of Instructor)

Judo rank of Shodan or higher, under the auspices of the USJI, USJF, USJA or Judo Canada, hereby certify,
that _____ although not having been awarded the Judo rank of
(print name of contestant)

Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this competition.

Judo Instructor (print) _____

Signature of Instructor _____

Date _____

Rank _____

Organization rank obtained through _____

