

Circle/check your Division: Coed: 5-6 7-8

Female: 9-10 11-12 13-16 Women's Open Sr Newaza Masters

Male: 9-12 13-16 Sr Nov (<2K) Sr Adv Sr Newaza Masters

Your Jr. Belt Color: White Yellow Orange Green Blue Purple

Your Sr. Rank: 6Kyu 5K 4K 3K 2K 1K 1D 2D 3Dan+

2nd Division: Up to Adv. Bracket Up 1 Age bracket Up 1 Weight bracket
(complete a separate form)

Tournament Committee Use Only:

Rec'd:	Pd:	Owes:	Official Weight	
			<input type="text"/> <input type="text"/>	
Divs:	1	2		
			Weight ↑	

REGISTRATION FORM

USJF SANCTION # 17-11-08

**TOHOKU JUDO CLUB'S
36th ANNUAL CHARLES A. CHAVES MEMORIAL TOURNAMENT
and Rokushu Yudanshakai Senior Promotional Tournament
SUNDAY, NOVEMBER 12, 2017
ST. JOHN'S PREP SCHOOL, 72 Spring St., Danvers, MA**

Instructions:

- 1) Complete one **Registration Form** for *each* division you are playing.
- 2) Fill in your **Membership Card** number and expiration date. Send a copy of your card with your **Registration Form(s)**.
- 3) Go to the **Top-Left Corner** of this **Registration Form**. **Circle** or check the division and age group in which you are competing. **Circle** your rank or belt color(s).
- 4) You may compete in a second division by moving up to a higher weight, age or advanced bracket. Fill out a separate **Registration Form**, circle **2nd Division** and one of the **2nd Division** choices.

Contestant's <u>Last Name</u> :		<u>First Name</u> :		Middle Name:	
Address:		City		State:	Zip:
Email address: (for a receipt of registration)		Telephone # (Day/Wireless)		Years/Months Playing Judo	
Judo Club:		Birth Date (MM/DD/YYYY)	Age (on 11/12/17)	Rank:	Approx. Weight
Judo Membership Card Number: (send copy)		Expires: (MM/DD/YYYY)	USJF <input type="checkbox"/>	USJI <input type="checkbox"/>	USJA <input type="checkbox"/>
Type of assistance/accommodation requested and/or person assisting:					
			Vision Loss/Blindness <input type="checkbox"/>	Hearing Loss/Deafness <input type="checkbox"/>	

- 5) Sign the **Waiver and Release of Liability** (Parents must also sign if the competitor is under age 18)
- 6) A Sensei or Instructor must sign the **Certificate Regarding Non-Black Belt Contestants** below
- 7) Mail this **Registration Form** with a copy of your **Judo Membership Card** and the **Registration Fee** (Payable to Tohoku Judo) to:

Chaves Tournament Committee
10 Burnside Ave., Somerville, MA 02144

**\$40 early registration, \$50 if postmarked after Nov. 4th,
\$60 for walk-up registration. \$10 for second division.**

Certificate Regarding Non-Black Belt Contestants

I, (Instructor) a Judo Instructor, who has been awarded the Judo rank of Shodan or higher, under the auspices of the USJI, USJF, USJA or Judo Canada, (*circle one*) hereby certify that, (contestant) although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this competition.

Signature of Instructor

Rank

Date

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., Rokushu Judo Yudanshakai, Inc., Tohoku Judo Club, St. John's Prep School, any Medical & Emergency Services Company and Individuals, and the City of Danvers, Massachusetts**, I agree:

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.

1. 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.
2. 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.
3. 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.
4. 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., Rokushu Judo Yudanshakai, Inc., Tohoku Judo Club, St. John's Prep School, any Medical & Emergency Services Company and Individuals, and the City of Danvers, Massachusetts**, 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