

# 2018 NEW ENGLAND OPEN MASTERS JUDO CHAMPIONSHIPS VII

For Judoka 30 years and older

## SUNDAY, AUGUST 5, 2018

### NEW VENUE:

**Tohoku Judo Club**

**2322 Massachusetts Ave., 2nd Fl., Cambridge, MA**

Mailing Address to send Forms to is on Registration Form

Hosted by Tohoku Judo Club

USJF Sanction #18-08-09



#### **Novice & Advanced**

Divisions to Accommodate  
All Skill Levels

#### **Newaza**

Divisions

**Gold, Silver & Bronze Medals**  
for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Place Winners

#### **Team Trophy**

Awarded to Club with Most Points

### EXTRAS

A Snack Bar will be available

Web presence providing updated info at: [www.tohokujudo.org](http://www.tohokujudo.org) AND on Facebook



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FOR JUDOKA 30 YEARS AND OLDER

## AUGUST 5, 2018

2322 Massachusetts Ave., 2nd Fl., Cambridge, MA

Hosted by Tohoku Judo Club

Tournament Director: Dale Swett, Tohoku Judo Club

Contact info: [teamtohoku@aol.com](mailto:teamtohoku@aol.com) / 617-491-0520

MAIL REGISTRATIONS TO: Tohoku Judo Club c/o Dale Swett, 24 Forest Circle, Waltham, MA 02452

Checks Payable to: TOHOKU JUDO CLUB

USJF Sanction #18-08-09

**SITE:** TOHOKU JUDO CLUB, 2322 Massachusetts Ave., 2nd Fl., Cambridge, MA Dojo# (617) 491-0520

**RULES:** **Modified** IJF Contest Rules will be in effect. Shime-waza (chokes) are permitted for all competitors. Kansetsu-waza (armlocks) are not permitted in Novice Divisions. Blue JUDOGIS NOT REQUIRED, and Blue may only be worn when called as Blue. Blue and white belts will be available for use. We will be utilizing a single competition area. Competition area will be 8m x 8m with 5m safety; CARE system will be used along with electronic scoreboard.

**ELIGIBILITY:** Competitors ages 30 and older with USJF, USJI, or USJA current affiliation are eligible to compete. Copy of current membership card must be submitted with registration and card must be presented at weigh-in. **NO EXCEPTIONS - Competitors may apply for membership on site.**

**FEES:** **\$35.00** for 1<sup>st</sup> Division; \$10.00 for 2<sup>nd</sup> Division if postmarked by **JULY 27, 2018**  
**\$45.00** for 1<sup>st</sup> Division; \$10.00 for 2<sup>nd</sup> Division if postmarked after **JULY 27, 2018**  
**\$50.00** for **ALL WALK-UP REGISTRATIONS ON AUGUST 5<sup>TH</sup> – 2<sup>nd</sup> Division will be \$10.00**  
NO REFUNDS. No exceptions for late fees. Returned Check fee: \$25.00  
Register early to save \$\$ and to expedite shiai preparation

**FORMAT:** Divisions of 2 to 5 competitors will be Round Robin, point system.  
Divisions of 6 or more competitors will be Modified Double Elimination.

**MATCH TIMES** ALL Regular Divisions: 3 minute matches  
Newaza Matches: 2.5 minute matches  
Golden Score: 2 minutes for all divisions

**AWARDS:** **Medals** - Gold, Silver & Bronze for 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> place winners  
**Team Trophy** for Club with Most Points –  
*Points are awarded First Place = 5 points; Second Place = 3 points; Third Place = 1 point*

Everyone is encouraged to Pre-Register – this assures on-time starts for every division.

<b>WEIGH –IN SCHEDULE</b>	<b>SATURDAY, August 4</b>	<b>SUNDAY, August 5</b>
All Competitors	At Tohoku Judo 3:00 – 4:00pm	At Tohoku Judo
Ages 50+ (Standing & NeWaza)		9:30 am - 10:00 am
Ages 40–49 (Standing & NeWaza)		9:30 am - 11:15 am
Ages 30–39 (Standing & NeWaza)		9:30 am - 12:30 pm

<b>COMPETITION SCHEDULE</b>	<b>SUNDAY, August 5, 2018</b>
AGES 50+ (Standing & NeWaza)	Starts at 10:30 am
Ages 40–49 (Standing & NeWaza)	Will NOT Start before 11:45 am
Ages 30–39 (Standing & NeWaza)	Will NOT Start before 1:30 pm

## DIVISIONS

### **MEN’S DIVISIONS:**

#### **Elite (Brown & Black Belts)**

WEIGHT DIVISIONS: -66kgs, -73kgs, -81kgs, -90kgs, 100kgs, 100+  
 AGE GROUPS: 30-39, 40-49, 50+

#### **Novice (White-Green)**

WEIGHT DIVISIONS: Light, Medium, Heavy  
 AGE GROUPS: 30-39, 40-49, 50+

#### **NE WAZA Divisions (Open Rank)**

WEIGHT DIVISIONS: Light, Medium, Heavy  
 AGE GROUPS: 30-39, 40-49, 50+

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### **WOMENS DIVISIONS:**

#### **Elite (Brown & Black Belts)**

WEIGHT DIVISIONS: -52kgs, -57kgs, -63kgs, -70kgs, +78kgs  
 AGE GROUPS: 30-39, 40-49, 50+

#### **Novice (White-Green) *\*\*Tentative\* If we do not have enough registrants, Women’s Divisions will be Open Rank***

WEIGHT DIVISIONS: Light, Medium, Heavy  
 AGE GROUPS: 30-39, 40-49, 50+

#### **NE WAZA Divisions (Open Rank)**

WEIGHT DIVISIONS: Light, Medium, Heavy  
 AGE GROUPS: 30-39, 40-49, 50+

### **For ALL Divisions:**

Divisions are subject to change to ensure safety for all participants. Coaches (and/or competitors) will have an opportunity to review the divisions and confirm the competitor’s suitability for participation. Every effort will be made to adhere to the posted age, weight and rank divisions; however, the tournament director reserves the right to delete, add or combine divisions as necessary.

**CHECKS PAYABLE TO:** Tohoku Judo Club  
**MAIL ALL ENTRIES TO:** c/o Dale Swett  
24 Forest Circle  
Waltham, MA 02452

**REGISTRATION FORM:**

Print all information

**COMPLETE A FORM FOR EACH DIVISION**

DIVISION: \_\_\_\_\_

ESTIMATED 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: \_\_\_\_\_

**IF you are traveling here alone, please complete:**

**IN CASE OF EMERGENCY:**

NAME OF CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

*Certificate Regarding Non-Black Belt Contestants & Participation Waiver Must be SIGNED*

**Certificate Regarding Non-Black Belt Contestants**

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

rank of Shodan, or higher, under the auspices of the USJF, USJA, USA Judo or Judo Canada, hereby certify that,

\_\_\_\_\_ although not having been awarded the Judo rank of Shodan or  
(print name of contestant)

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

Judo Instructor: \_\_\_\_\_

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Rank: \_\_\_\_\_ Organization rank obtained through: \_\_\_\_\_

**MAIL FORMS TO: DALE SWETT, 24 FOREST CIRCLE, WALTHAM, MA 02452**

**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., Rokushu Judo Yudanshakai, Inc., Massachusetts Judo, Inc., and the Tohoku Judo Club, 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., Rokushu Judo Yudanshakai, Inc., Massachusetts Judo, Inc., and the Tohoku Judo Club**, 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

Form 506 V6.0.0, 090818