

TOHOKU JUDO CLUB TOURNAMENT -- Sunday, November 13, 2022

USJF SANCTION
22-11-07

USE THIS FORM FOR **SENIOR** COMPETITION – NOVICE, ELITE & MASTERS

ALL COMPETITORS MUST PRE-REGISTER BY EMAILING this form to: teamtohoku@aol.com

SITE: TOHOKU JUDO CLUB at 2322 Massachusetts Ave., 2nd Floor, Cambridge, MA 02140 (Parking: Sunday parking on Mass. Ave. is free at the meters—you may have a short walk, but there are lots of spaces.)

TIME: SENIORS --- Competition begins approx. 9:30 AM
(Coaches: Submit Team Weigh-in List by 11/10/22 at 8:00pm; weights will be confirmed at check in divisions will be adjusted in needed)

NO WALK-UPS
MANDATORY PRE-REGISTRATION

FEES: \$30.00 per competitor **AWARDS:** Medals for 1st, 2nd, 3rd

FORMAT: Competitors are grouped into pools by weight for a series of round-robin matches for pools of 4 or less; modified double elimination for pools may be used for divisions of 4 or more (subject to change based on number of competitors).

DIVISIONS: Tournament Director reserves the right to add, combine and/or cancel divisions based on the number of competitors; Coaches, Instructors, and/or Parents will have an opportunity to review the divisions and confirm their child's/athlete's suitability for participation.

WOMEN

Light / Medium / Heavy
Light / Medium / Heavy
Light / Medium / Heavy

DIVISIONS

Masters (ages 30+)
Elite (Brown/Black Belt)
Novice: (White – Green)

MEN

Light / Medium / Heavy
Light / Medium / Heavy
Light / Medium / Heavy

RULES: Current IJF Contest Rules will be in effect except:

- no kansetsu waza for anyone under age 17 nor for anyone under the rank of sankyu
- CARE will not be used

ELIGIBILITY: Competitors with USJF, USJI, or USJA current affiliation are eligible to compete. MUST present current membership card.

Print all information

APPROX. 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: _____

Waiver Must be signed and Certificate Regarding Non-Black Belt Contestants Must be Completed by Instructor.

SENIOR COMPETITORS IN CASE OF EMERGENCY:

NAME OF CONTACT PERSON: _____

TELEPHONE NUMBER: _____

Must be signed: Certificate Regarding Non-Black Belt Contestants & Participation Waiver

Certificate Regarding Non-Black Belt Contestants
MUST BE COMPLETED FOR JUNIOR & SENIOR COMPETITORS

USJF SANCTION # 22-11-07

I, _____ a Judo instructor, who has been awarded the Judo rank of Shodan, or higher, under the
Name of Instructor

auspices of the USJF, USJA, USA Judo or Judo Canada, hereby certify that, _____ although
Name of Competitor

not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this competition.

Judo Instructor: _____ Rank: _____ Rank: ☐USJF ☐USJA ☐USA Judo

Signature of Instructor: _____ Date: _____

USE THIS FORM FOR JUNIOR COMPETITION

ALL COMPETITORS MUST PRE-REGISTER BY EMAILING this form to: teamtohoku@aol.com

SITE: TOHOKU JUDO CLUB at 2322 Massachusetts Ave., 2nd Floor, Cambridge, MA 02140 (Parking: Sunday parking on Mass. Ave. is free at the meters—you may have a short walk, but there are lots of spaces.)

TIME: JUNIORS --- Competition begins approx. 2:00 PM
(Coaches: Submit Team Weigh-in List by 11/10/22 at 8:00pm; weights will be confirmed at check in divisions will be adjusted in needed)

**NO WALK-UPS
MANDATORY PRE-REGISTRATION**

FEES: \$30.00 per competitor AWARDS: Medals for 1st, 2nd, 3rd

FORMAT: Competitors are grouped into pools by weight for a series of round-robin matches for pools of 4 or less; modified double elimination for pools may be used for divisions of 4 or more (subject to change based on number of competitors).

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

JUNIORS Ages 6 & 7 COED – Light / Medium / Heavy
Ages 9 & 10 – Males Light / Medium / Heavy
Ages 11 & 12 – Males Light / Medium / Heavy
Ages 13 - 16 – Males Light / Medium / Heavy

Ages 9 & 10 – Females Light / Medium / Heavy
Ages 11 & 12 – Females Light / Medium / Heavy
Ages 13 - 16 – Females Light / Medium / Heavy

RULES: Current IJF Contest Rules will be in effect except:
-- no kansetsu waza for anyone under age 17 nor for anyone under the rank of sankyu
-- no shime waza for anyone under age 12
-- CARE will not be used

ELIGIBILITY: Competitors with USJF, USJI, or USJA current affiliation are eligible to compete.
MUST present current membership card.

Print all information

APPROX. 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: _____

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., Rokushu Judo Yudanshakai, Inc., Massachusetts Judo, Inc., Tohoku Judo Club**, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Rokushu Judo Yudanshakai, Inc., Massachusetts Judo, Inc., and 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. 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



UNITED STATES JUDO FEDERATION

Medical Committee

Mailing Address:

PO Box 338

Ontario, OR 97914-0338

Telephone:

(541) 889-8753

FAX:

(541) 889-5836

Internet:

www.usjf.com

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

Masking:

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

Symptom Screening:

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html> [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician