

# OFFICIAL ENTRY FORM

## RCMA Grants Pass Judo Club

(Please Print)

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Last name	First	MI
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Address	City	State	Zip
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Age	Weight	(circle)	Male	Female
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Home phone	Name of Emergency Contact	Phone
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Rank	Club Name
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USJA Card #	USJF Card #	USJI Card #	Other
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**IF MINOR (UNDER 18 YEARS OF AGE) MUST HAVE PARENT/GUARDIAN CONSENT**

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Print Name (Parent/Guardian)	Signed (Parent/Guardian)	Date
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Print name of Judo Instructor	Instructors signature	Rank
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Instructors Rank by: (circle one)                      USJA    USJF    USJI

**FOR ANY JUDO PLAYER TO COMPETE A SIGNATURE OF A COACH OR INSTRUCTOR IS REQUIRED.**

**Required: NON BLACK BELT COMPETITORS IN BLACK BELT POOLS:** I certify that the above contestant, though not having been awarded the rank of Shodan, is sufficient aptitude and skill on Judo to compete in the matches with Shodan (or higher) under Black Belt Rules.

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Print name of Judo Instructor	Instructors signature	Rank
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Instructors Rank by: (circle one)                      USJA    USJF    USJI