

FUTURE STARS JUDO CHAMPIONSHIPS 11

JUNIOR WHITE OR WHITE/YELLOW BELTS ONLY!!!

(AGES 5 YEARS OLD TO 16 YEARS OLD)

SUNDAY, SEPTEMBER 11TH, 2016

The Lakewood Family YMCA and Ippon Judo Dojo, Inc. invite all Judokas to the Future Stars Judo Championships 11. This regional tournament is sanctioned by the United States Judo Federation, Inc. and sponsored by the Lakewood Family YMCA and Ippon Judo Dojo, Inc. We thank you in advance for your support and participation and look forward to seeing each of you on the mat!

Tournament Director: Jason Harai
Hosted By: Ippon Judo Dojo, Inc.
Sanctioned By: United States Judo Federation, Sanction Number: 16-09-14
Venue Address: Lakewood Family YMCA
9715 Lakewood Drive SW
Lakewood, Washington 98499

Entry Fee: \$30.00 USA Dollars, \$35.00 CAN Dollars
Please Make Checks Payable to Ippon Judo Dojo

Awards: 1st Place, 2nd Place, & 3rd Place Winners Will Receive a Medal

Eligibility: Junior White and White/Yellow Belts ONLY!!!
Junior Boys and Girls 5 Years Old - 16 Years Old ONLY!!!
Open to USJF, USJA, USA Judo, & Judo Canada. All Contestants Must Show a Current USJF, USJA, USA Judo, or Judo Canada Card to Compete.

Registration/Weigh-In: 9 am to 10 am
Officials' Meeting: 10:30 am (Youth Gym)
Coaches' Meeting: 10:30 am (Youth Gym)
Opening Ceremonies: 10:45 am (Youth Gym)
Registration Deadline: Please E-Mail One (1) Dojo/Club/Team Roster No Later Than **Thursday, September 8th, 2016 by Midnight.** Please **DO NOT** Scan & E-Mail Entry Forms or Waivers!!! Please Include the Contestant's **NAME, AGE, WEIGHT, GENDER, BELT COLOR, AND DOJO/CLUB/TEAM AFFILIATION.**

E-Mail Roster to: Robyn Russell Harai
E-Mail: judorobyn93@aol.com
PLEASE DO NOT MAIL ENTRY FORMS TO ANY ADDRESS!!!

Tournament System: Round Robin, 2 Minute Matches
Weight Divisions: All Divisions Will Be Separated By Age and Weight.
Age and Weight Divisions are Subject to Change to Ensure the Safety of the Participant. All Changes Will Be Discussed With the Coaches and Competitors Involved Prior to the Change.

Tournament Rules: IJF Rules With the Following Safety Modifications:
NO Chokes Permitted - All Divisions
NO Arm Locks Permitted - All Divisions
NO Golden Score - All Divisions
Rest Periods - 2 Minutes
Boys and Girls Age 10 and Under May Be Asked to Compete in a Co-Ed Division

WE WILL HAVE ONE 8MX8M COMPETITION AREA WITH 3M SAFETY ZONES.

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SUNDAY, SEPTEMBER 11TH, 2016

USJF Sanction Number: 16-09-14

Official Entry Form

First Name ^ **Middle Initial ^** **Last Name ^**

Age **Weight in Pounds (Please Check Your Weight)**

Gender (Male/Female) **Belt Color**

Dojo/Club/Team **Sensei/Instructor/Coach**

Mailing Address

City **State** **Zip Code**

Telephone Number **E-Mail Address**

Registration Number **Expiration Date**

USJF **USJA** **USA Judo** **Judo Canada** **(Please Check One)**

Signature of Parent or Legal Guardian **Emergency Telephone Number**

If Assistance/Accommodation Is Needed (Please Check Appropriate Line):
 Vision Loss/Blindness **Hearing Loss/Deafness**
Type of Assistance/Accommodation Needed and Name of Person Assisting: _____

Certification Regarding Contestant's Ability

I, _____, a judo instructor, who has been awarded the judo rank of Shodan or higher, under the auspices of the United States Judo Federation, Inc., United States Judo Association, Inc., USA Judo, Inc., or other recognized national federation of judo, hereby certify that _____ is of sufficient aptitude and skill in judo to compete in this tournament.

Name of Judo Sensei/Instructor/Coach **Signature** **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., Northwest Judo Yudanshakai, Inc., Ippon Judo Dojo, Inc., Lakewood Family YMCA, Tacoma South Sound Sports, City of Lakewood, and Pierce County**, 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., Northwest Judo Yudanshakai, Inc., Ippon Judo Dojo, Inc., Lakewood Family YMCA, Tacoma South Sound Sports, City of Lakewood, and Pierce County**, 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

YMCA OF PIERCE AND KITSAP COUNTIES
MEMBER RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION FOR "HIGH RISK" PROGRAMS AND ACTIVITIES of the YMCA of Pierce and Kitsap Counties (YMCA) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program.

It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

The undersigned is aware of the different types of activities, equipment, and facilities offered by the YMCA, and that the activity **Lakewood Family YMCA Judo Tournament** are described as HIGH RISK and I am aware of the risks inherent in the participation in such activities and use of such equipment and facilities. These include but are not limited to: *Physical activity, physical contact, judo sparring.*

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the ordinary negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the ordinary negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to ordinary negligence of releasee or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Washington and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____

Signature of Applicant: _____

Date of Birth: _____

Print Name of Applicant: _____

Signature of Applicant/Parent if under 18 years of age: _____

Parent/Legal Guardian of Child