

14th Annual High Mountain Open Judo Championship (Sanction #2015-44-03)

www.McCallJudoClub.org

Saturday, March 7th 2015 @ 10:00 a.m. **SHARP!!!**

McCall Donnelly High School ♦ 401 N. Mission St. ♦ McCall, ID 83638

MAP: www.google.com/maps/place/McCall-Donnelly+High+School/@44.906551,-116.104312,17z/data=!3m1!4m2!3m1!1s0x54a666dd9fe00c3f:0x6d0730ac63c5b5bc

WEIGH-IN AT TOURNAMENT SITE

7:00 – 9:00 P.M. Friday, March 6th, 2014.

7:15 – 9:00 A.M. Saturday, March 7th, 2014.

- ALL CONTESTANTS AGE 10 AND UNDER MUST BE WEIGHED IN BY 9:00 A.M.
- ALL CONTESTANTS AGE 11 THROUGH 16 MUST BE WEIGHED IN BY 10:00 A.M.
- SENIORS MAY WEIGH IN UNTIL 12:00 P.M.

All participants must be current member of USJF, USA Judo, USJA or Judo Canada. Current Registration cards are required and will be checked at Registration. Those without a current card must register at the Tournament.

TOURNAMENT DAY

Juniors arrive by 9:30am

Tournament begins at 10:00 a.m. sharp

Head Referee: Bob Suyehira

Referees meeting will be held at 9:00 a.m.

Please be on time.

There will be two traveling trophies awarded:

- "The Dino Pyle Memorial Trophy" for Outstanding Junior Competitor
- "The Frank Hirai Trophy" for the Outstanding Senior Competitor

- Current International Judo Federation (IJF) contest rules will apply.
- All players and referees must know the latest modifications.
- Gis will be checked.
- Shime-waza will be allowed for 13 years and older.
- Kansetsu-waza will be allowed in all Senior Divisions.
- Additional changes may be made to ensure the safety and fair-play for the participants.
- Double Elimination matches will be used. Matches will be 2 minutes for 10 years old and under, 3 minutes for 11-16 years old, and 4 minutes for Senior Brown and Black Belts.
- Junior players with marginal weight differences in age groups will be moved.
- Blue and white gi's are not required, but are encouraged to be worn during competition.
- Blue and white belts will be supplied.
- Lunch will be available on school premises.

FEES & DEADLINES:

\$20 USD Entry Fee per contestant

Second Entry – No charge

No Third Entries

RETURN FORM & ROSTER NO LATER THAN THURSDAY, MARCH 5th TO:

McCall Judo Club @ info@mccalljudoclub.org

Questions? Call 208-634-9226

GIRLS AGE & WEIGHT GROUPS:

6 & UNDER	LT. WT		HEAVY WT.
7 AND 8	LT. WT	MID WT.	HEAVY WT.
9 AND 10	LT. WT	MID WT.	HEAVY WT.
11 AND 12	LT. WT	MID WT.	HEAVY WT.
13 AND 14	LT. WT	MID WT.	HEAVY WT.
15 AND 16	LT. WT	MID WT.	HEAVY WT.

BOYS AGE & WEIGHT GROUPS:

6 & UNDER	LT. WT	MID WT.	HEAVY WT.
7 AND 8	LT. WT	MID WT.	HEAVY WT.
9 AND 10	LT. WT	MID WT.	HEAVY WT.
11 AND 12	LT. WT	MID WT.	HEAVY WT.
13 AND 14	LT. WT	MID WT.	HEAVY WT.
15 AND 16	LT. WT	MID WT.	HEAVY WT.

SENIOR WOMEN:

White Belt	ALL WEIGHTS
Brn/Blk Mixed	Classes determined upon receipt of entries

SENIOR MEN:

White Belt	LT. WT	MID WT.	HEAVY WT.
Brn/Blk Mixed	Classes determined upon receipt of entries		

FOR THE SAFETY OF ALL JUDOKA'S, WE WILL ADD ADDITIONAL WEIGHT CLASSES IF NEEDED.

LOCAL HOTELS:

Hunt Lodge Holiday Inn 208-634-4700

Hotel McCall 208.634.8105

Shore Lodge 208.634.2244

Super 8 Motel 208.634.4637

Best Western McCall Lodge & Suites 208.634.2230

Scandia Inn Motel 208.634.7394

Rustic Inn 208.634.7671

Western Mountain Lodge 208-634-2967

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This is an electronically fill-able form, please type all answers and then print to sign.
Incomplete, incorrect and illegible forms will be returned at the cost of the Judoka entering.

CONTESTANT INFO:			
FIRST NAME:		LAST NAME:	
ADDRESS STREET CITY, STATE & ZIP PHONE #:			
AGE:		GENDER:	
JUDO RANK:		ESTIMATED WEIGHT (lbs):	
USJF or USA JUDO or USJA #:		MEMBERSHIP EXPIRES:	
NON-BLACK BELT COMPETITOR:			
<p>I, _____, a Judo Instructor, who has been awarded the rank of Shodan or higher, under the auspices of USA Judo, USJF, or USJA, hereby certify that, _____, although not having been awarded the rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this Tournament. Copy of rank certificate is attached.</p>			
JUDO INSTRUCTOR SIGNATURE:		DATE:	
JUDO INSTRUCTOR NAME:		JUDO CLUB NAME & ADDRESS:	

SECOND ENTRY FORM			
CERTIFICATE REGARDING A CONTESTANT MOVING UP TO ANOTHER DIVISION:			
<p>I, _____, A Judo Instructor, who has been awarded the rank of Shodan or higher, under the auspices of the USA Judo, USJF, or USJA, hereby certify that, _____, may compete in another age division higher than his/her own with the knowledge of the rules for that specific division.</p>			
CONTESTANT SIGNATURE:		DATE:	
SENSEI'S SIGNATURE:		DATE:	

PARENT/GUARDIAN INFO:			
NAME:		PHONE #:	

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 the High Mountain Open Judo Championship in any Judo tournament, practice, clinic, and related events and activities of United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., McCall Donnelly High School, McCall Donnelly School District #421 and the McCall Judo Club, I hereby:

- 1) Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
- 2) Agree 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 officials of such conditions and refuse to participate.
- 3) Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including traumatic brain injury, permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the action, 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 risks and accept personal responsibility for the damages following such injury, permanent disability, traumatic brain injury or death.
- 5) Release, waive, discharge and covenant not to sue United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., McCall Donnelly High School, McCall Donnelly School District #421 and the McCall Judo Club, together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, 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 claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant Name

Participant's Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/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 liability incident to my minor child's involvement or 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 warning and conditions and their ramifications.

Parent/Guardian Name

Parent/Guardian's Signature

Date