



# Glass City Invitational

## Saturday, April, 17, 2010

Judan Judo of Toledo, Inc.



The tournament will be held at St. John's High School. The Judo Events will consist of Junior and Senior Kata, and Junior, Senior and Master Shiai. This tournament is open to all players who possess a valid USJA, USJI, USJF or Foreign Federation membership card.

<b>Sponsored and Hosted by:</b>	United States Judo Association Judan Judo of Toledo, Inc.
<b>Competition Site:</b>	St. John's High School 5901 Airport Highway, Toledo, OH
<b>Registration &amp; Weigh In:</b>	St. John's High School Saturday, 4/17/2010 8:30 - 10:00 a.m.
<b>Registration &amp; Pairings Directors:</b>	Russ Burke                      419-215-3915
<b>Any Registration inquires please contact Pairings Directors</b>	James Adkins                    419-509-7738
<b>Tournament Directors:</b>	Gary Monto                      419-283-6319
	Jody Reuter                      419-787-4846

For complete entry form contact Judan Judo at  
[JudanJudoToledo@bex.net](mailto:JudanJudoToledo@bex.net)  
and a copy of the flyer will be emailed to you.

## Glass City Invitational

### REGISTRATION, ENTRY FEES, TOURNAMENT CHECK-IN

All official entry forms and waivers must be fully completed and properly signed and sent with the entry fees to Judan Judo of Toledo, PO Box 167440, Oregon, OH 43616.

**Early-registration:** Postmarked by 4/1/2010

Shiai - \$\$25 for up to 2 divisions

Kata - \$40 Per Team

\$10 for each additional division after 2 division  
per team each additional Kata

### ALL ENTRY FEES ARE NON-REFUNDABLE

## RULES

The Glass City Invitational will be held in accordance with the Contest Rules, Organization Code, and Sporting Code of the International Judo Federation. These rules include, but are not limited to draw, weigh-in, length of contests, and competition procedures. The weigh-in is the only modification to the IJF rules for the event.

- \* **Injury Rule:** Decisions as to whether an athlete may continue if injured while on the mat, are to be resolved in accordance with IJF rules; such decisions occurring off the mat or not covered by the IJF rules, are to be made by the coach, athlete, and team doctor. If there is not a unanimous opinion among these three individuals, the athlete **may not** continue.
- \* **Match Length:** Five (5) minutes for both senior male and female categories. Three (3) minutes for all junior and master categories.
- \* **Golden Score:** The "Golden Score" overtime will be in force for all matches. If a match is tied at the end of the regulation time period, the scoreboard will be cleared and the athletes will play another time period in accordance with their category. The winner will be the first athlete to score, (including penalties against his/her opponent).
- \* **Weigh-In:** The weigh-in for the all Judo events will only take place on Saturday, 4/17/2010, 8:30 - 10:00 a.m. The athlete's measured weight will be used for the purposes of the draw, i.e., the athlete does not have to make their declared weight. This is a slight modification from the IJF rules but has been the standard practice for the Glass City Invitational Tournament.

\* **Elimination system:** Categories having five (5) competitors or less shall compete in a Round Robin Pool, (every competitor competes against every other competitor). Categories having six (6) competitors or more shall be placed into pools and the Full Double Elimination System shall be used.

## Glass City Invitational JUDO SHIAI ENTRY FORM

<b>Complete and Mail With Entry Fee To:</b>			
Judan Judo of Toledo, Inc., P.O. Box 167440, Oregon, OH 43616			
<b>FOR USE BY TOURNAMENT STAFF ONLY</b>			
Date Received _____	Amount Received \$ _____	Received By: _____	
<b>Payment Method</b>	<input type="checkbox"/> Cash	<input type="checkbox"/> Money Order	<input type="checkbox"/> Check Ck# _____

### ENTRY FEES

Shiai Cost (up to 2 divisions)	Extra Divisions	# of Divisions	Amount Paid
<input type="checkbox"/> \$25	<input type="checkbox"/> \$10	_____	\$ _____

### COMPETITOR INFORMATION

Name (Last) _____		(First) _____	
Address _____		e-mail: _____	
City _____	State _____	Country _____	Zip Code _____
Date of Birth: (Mo) _____	(Day) _____	(Year) _____	(Age) _____ (Sex) _____ (Weight) _____
Parent(s)/Legal Guardian(s) _____		Phone: _____	
Club Name _____		Instructor's Name _____	
Club e-mail: _____		Judo Rank _____	
USJA # _____	USJI # _____	USJF # _____	Foreign # _____

**I NEED A USJA  
MEMBERSHIP CARD  
(Please Circle)**

### DIVISIONS (Please check one)

- |                                       |  |
|---------------------------------------|--|
| <input type="checkbox"/> Junior Male  | <input type="checkbox"/> Junior Female |
| <input type="checkbox"/> Senior Male  | <input type="checkbox"/> Senior Female |
| <input type="checkbox"/> Masters Male | <input type="checkbox"/> Maters Female |

### Senior & Masters (please check one)

- |                                 |                                     |                                     |
|---------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Novice | <input type="checkbox"/> Brown Belt | <input type="checkbox"/> Black Belt |
|---------------------------------|-------------------------------------|-------------------------------------|

**TOURNAMENT DIRECTORS  
RESERVE THE RIGHT TO  
CHANGE DIVISIONS DEPENDING  
ON NUMBER OF ENTRIES**

### CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, (name of Instructor), \_\_\_\_\_ a judo black belt and instructor who has been

awarded the rank of Shodan or higher hereby certifies that \_\_\_\_\_  
although not having been awarded the rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in  
this event.

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

**PROOF OF BLACK BELT RANK REQUIRED; ENCLOSE A COPY OF RANK CERTIFICATE**

## ONE ENTRY FORM NEEDED FOR EACH DIVISION ENTERED

# Glass City Invitational JUDO KATA ENTRY FORM

**Complete and Mail With Entry Fee To:**

Judan Judo of Toledo, Inc., P.O. Box 167440, Oregon, OH 43616

**FOR USE BY TOURNAMENT STAFF ONLY**

Date Received \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Received By: \_\_\_\_\_

**Payment Method**  Cash  Money Order  Check Ck# \_\_\_\_\_

### KATA ENTRY FEES

Kata Cost (up to two Katas)	Additional Kata	# of Katas	Amount Paid
<input type="checkbox"/> \$40	<input type="checkbox"/> \$10 Each Kata	_____	\$ _____

**Please fill out Per Team, One form for each Kata entered.**

Each KATA partner must fill out a separate Waiver and Medical form

- Nage No Kata  Katame No Kata  Ju No Kata  Goshin Jitsu No Kata  
 Kime No Kata  Itsusu No Kata  Koshiki No Kata

### DIVISIONS:

- Junior Male Team  Junior Female Team  Junior Mixed Team  
 Senior Male Team  Senior Female Team  Senior Mixed Team

Tori's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_

Judo Rank \_\_\_\_\_ Instructor's Name \_\_\_\_\_

Club Name \_\_\_\_\_ Club Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

USJA # \_\_\_\_\_ USJI # \_\_\_\_\_ USJF # \_\_\_\_\_ Foreign # \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Parent(s)/Legal Guardian(s) \_\_\_\_\_

Uki's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_

Address: \_\_\_\_\_ e-mail \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Date of Birth: (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_  
 Judo Rank \_\_\_\_\_ Instructor's Name \_\_\_\_\_  
 Club Name \_\_\_\_\_ Club Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_  
 USJA # \_\_\_\_\_ USJI # \_\_\_\_\_ USJF # \_\_\_\_\_ Foreign # \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
 Parent(s)/Legal Guardian(s) \_\_\_\_\_

# Glass City Invitational

## 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 Glass City Invitational and related events and activities of United States Judo, Inc.(USJI), USA Judo, United States Judo Federation Inc.(USJF), United States Judo Association Inc.(USJA), St. John's High School, Judan Judo of Toledo Inc, and the Glass City Invitational Staff.

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 official 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 permanent disability or death, and severe social and economic losses due to not only my own actions, in-actions, or negligence, but also to the actions, in-actions, 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the Glass City Invitational, United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., St. John's High School, Judan Judo of Toledo Inc., and the Tournament Staff 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 to conduct the event, all of whom are hereinafter referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee 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 risk 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's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE

**(UNDER AGE OF 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 liabilities 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 underlined participant as to the above warnings and conditions and their ramifications.

\_\_\_\_\_  
Parent's Printed Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## Glass City Invitational

### ***MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR EMERGENCY MEDICAL NOTICE***

Contestant's Name (Last): \_\_\_\_\_ (First): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: (Mo) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ (Age) \_\_\_\_\_ (Sex) \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Parent(s)/Legal Guardian(s) \_\_\_\_\_  
In emergency, parent(s)/guardian(s) can be reached at ( ) \_\_\_\_\_

I, (we), the undersigned parent(s)/guardian(s) of \_\_\_\_\_ a minor, do hereby authorize the UNITED STATES JUDO ASSOCIATION, ITS TOURNAMENT DIRECTOR, REFEREE DIRECTOR, AND ANY AND ALL ORGANIZERS, PROMOTERS, OFFICERS, STAFF, REFEREES, TOURNAMENT WORKERS AND VOLUNTEERS OF Glass City Invitational, hereafter referred to as the "Glass City Invitational," as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

PLEASE INITIAL \_\_\_\_\_

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

PLEASE INITIAL \_\_\_\_\_

This authorization is given pursuant to provisions of the Ohio Revised Code and shall remain in effect until 4/18/2010, unless sooner revoked in writing and delivered to said agent(s).

PLEASE INITIAL \_\_\_\_\_

It is understood that the parent(s)/guardian(s) of \_\_\_\_\_ are responsible for all costs that may be incurred as a result of the diagnosis, treatment or hospital care while traveling to or competing in the Glass City Invitational. It is also understood that the Championships/agent(s) will contact the parent(s)/guardian(s) at the first opportunity available, but will have the welfare of the injured minor as a first priority. In the event that the parent(s)/guardian(s) are unable to make decisions concerning the need for medical diagnosis, treatment or hospital care, either a Championships official or, in the event of a life or death threatening situation, a proper authority (police, fire, rescue, medical, etc.) will be authorized to give consent for diagnosis, treatment or hospital care.

PLEASE INITIAL \_\_\_\_\_

The undersigned has carefully read and voluntarily signed the MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR form, and further agrees that no oral representations, statements, or inducements apart from the foregoing written have been made; and that the undersigned understands that this contract constitutes a MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR.

PLEASE INITIAL \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

*If the Participant is under the age of 18 years, the signature of a Parent or Guardian is also required*

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_