

**KETTERING REC CENTER JUDO CLUB**  
**REFEREE CLINIC**  
**JUNIOR & SENIOR DEVELOPMENT WORKOUT AND SHIAI**

**NOTES TO ALL COMPETITORS, COACHES AND PARENTS:**

1) The purpose of this event is to allow new players and experienced players the opportunity to work out with players from other clubs and introduce new players to competition in a relatively low cost/low pressure setting. The players will be matched in groups, taking into account age, weight and experience. This event will also be used to train and certify new referees, timers, scorers, and other tournament officials

Date: **Saturday - Aug 7, 2010**

Place: Kettering Recreation Center (Maps Attached) Referee Clinic will be held at:  
2900 Glengarry Drive 510 Silvercrest Terrace  
Kettering, Ohio 45429 Dayton, OH 45440  
937-296-2587 937-427-5836

Sanction: OJI/USA Judo #:

Eligibility: Current membership in the **USJI, USJF or USJA** is required  
(Applications will be available at the tournament)

Sponsor: Kettering Rec Center Judo Club

Tournament Director: Russ Scherer (937) 427-5836

Registration/Weigh-ins: **3:00PM - 3:30PM** **Contests start at 4PM – Workout follows tournament**

Mat Area: Note: **There will be only 1 contest area**

Awards: Certificates - 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and Participation

Referee's Meeting: **3:15PM (Sharp!) - 3:45PM** NOTE: Referee Clinic will be held 10:00AM-1PM  
at 510 Silvercrest Terrace

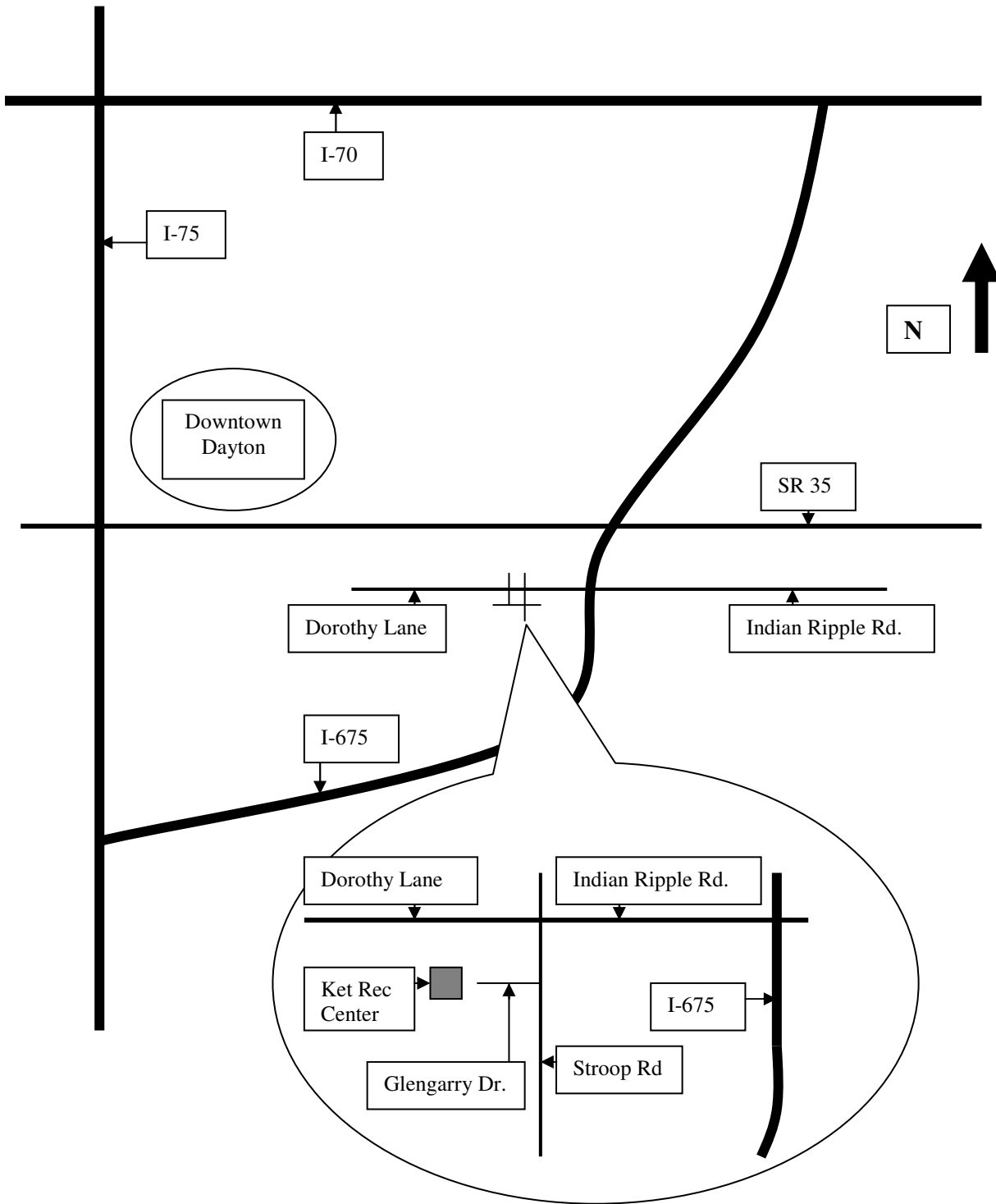
Participation Fee: \$15 (any or all activities)

Rules: **2010 IJF Rules as modified**  
Shime Waza for 13 years old and above  
No Armbars for Juniors nor Novice Seniors

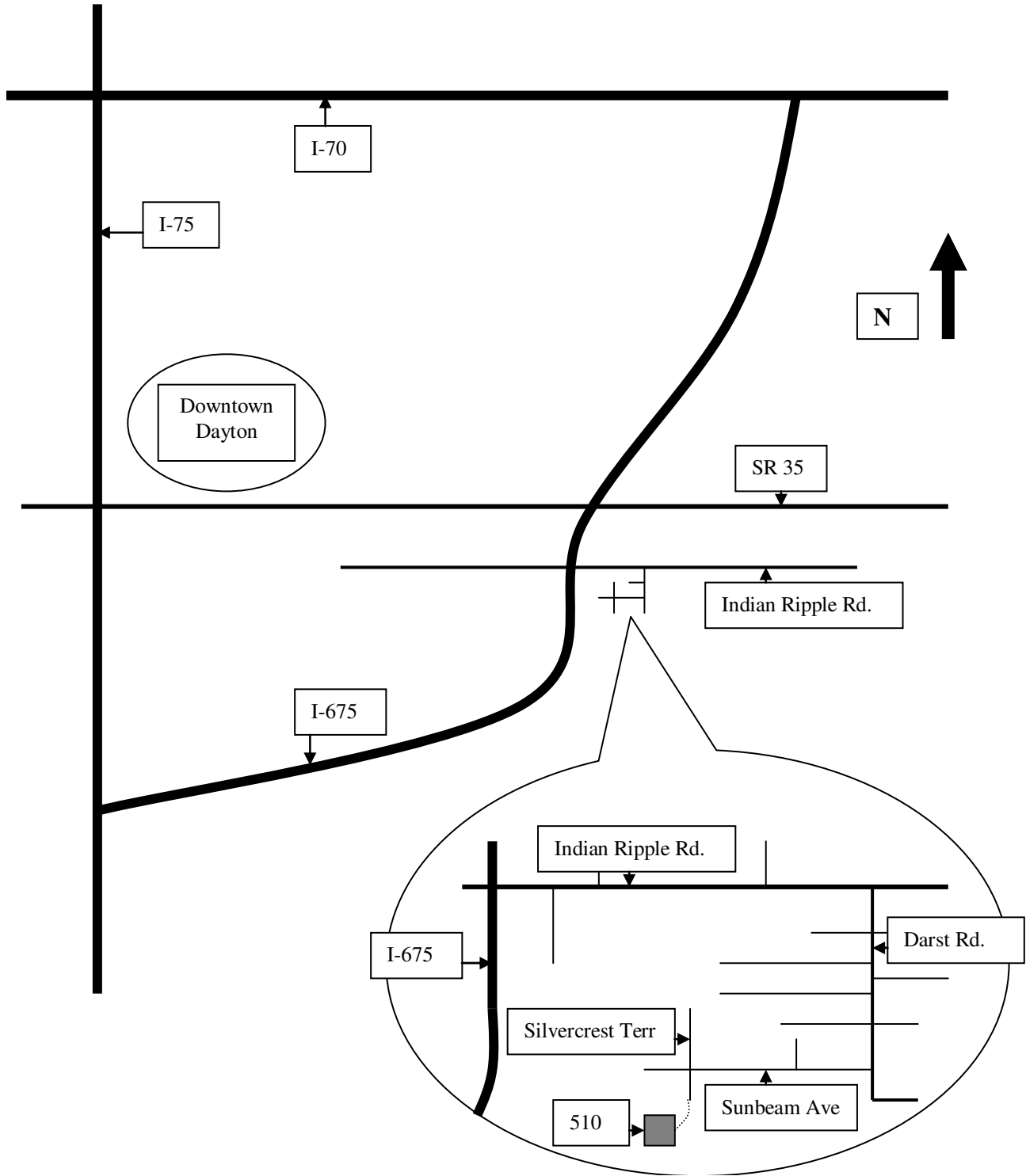
**Match Lengths:** 3 minutes  
Pool System Scoring - Note: Exhibition matches may be added to assure everyone  
will be able to compete, in addition to the workout

**Divisions:** Divisions will be determined after weigh-in. Experience, age and weight will be considered.  
(Separate divisions for boys, girls, men, and women) (Advanced and Novice Divisions)

Map to Kettering Recreation Center, 2900 Glengarry Drive, Kettering, OH



**Map to 510 Silvercrest Terrace, Dayton OH 45440 (937)427-5836**



**KRC Judo Club Referee Clinic and Junior & Senior Development  
Workout and Shiai  
Kettering Recreation Center, Kettering, Ohio  
Registration Form**

*Please Print Clearly*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Rank: \_\_\_\_\_

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

Division: Male \_\_\_\_\_ Female \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_-

Current Age \_\_\_\_ E-MAIL Address \_\_\_\_\_

Club: \_\_\_\_\_ Instructor's Name: \_\_\_\_\_

USJI#: \_\_\_\_\_ USJF#: \_\_\_\_\_ USJA#: \_\_\_\_\_ Expires: \_\_\_\_\_

**Certificate Regarding Non-Black Belt Contestants**

I, \_\_\_\_\_, a Judo Instructor, who holds the Judo rank of Shodan or higher, which has been awarded under the auspices of the United States Judo Federation, United States Judo Association, or United States Judo, Inc., hereby certifies that the above Contestant, although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in the above described event.

\_\_\_\_\_  
Signature of Judo Instructor

Please note Judo Insurance must be current. The Tournament Director reserves the right to make any changes necessary for the successful operation of the event. Please remember to sign the Waiver on the reverse side of this form.

***FOR OFFICIAL USE ONLY:***

**M/F AGE: \_\_\_\_ INSURANCE: \_\_\_\_ WEIGHT: \_\_\_\_ DIVISION: \_\_\_\_\_**

**DOB: \_\_\_\_\_ RANK: \_\_\_\_\_**



