



Maumee Bay Classic



Saturday, October 22, 2016

The Events will consist of Judo Kata, and Junior, Senior and Master Shiai. This tournament is open to all competitors who possess a valid National Governing Body Membership Card such as ATJA, USJA, USJF, USA Judo or Foreign Federation membership card.

Sanctioned By: American Traditional Jujitsu Association (ATJA)
Hosted By: Judan Judo

Competition Site: Sylvania Tam-O-Shanter Sports
7060 Sylvania Ave, Sylvania, OH 43560

Registration & Weigh In: Sylvania Tam-O-Shanter Sports
Saturday, 10/22/2016
8:00 - 9:30 a.m.

Start Times:
Kata 10/22/2016 at 9:00 a.m.
Shiai 10/22/2016 at 10:00 a.m.

Tournament Staff:

Tournament Director Gary Monto 419-283-6319
Manages issues between Coaches/Parents and Officials

Asst. Tournament Director Stephanie Snyder 567-277-8568
Manages Weigh-Ins and assists other Directors

Shiai Director Russ Burke 419-215-3915
Manages questions or issues concerning Pairings and Matches

Registration Director Jody Reuter 419-726-8388
Manages questions or issues concerning Registrations

Contact information :

Prior to Event Judan Judo 419-726-8388
JudanJudoToledo@bex.net



Maumee Bay Classic



REGISTRATION / PAYMENT OPTIONS

The Tournament Staff is asking that all competitors send in their Entry Packet and declare their weight by the **pre-registration date (10/8/2016)**. This will assist in making the pairings go quicker. Payment will be due the day of the tournament. **Pre-Registered competitors must check in at registration the day of the tournament to pick up Official Weigh In Form and pay any fees due.**

Pre-Registration Date: Received by 10/8/2016

Pre-Registration Forms can be emailed to JudanJudoToledo@bex.net or mailed to Judan Judo. PO Box 167440, Oregon, OH 43612 (**MUST BE RECEIVED BY 10/8/2016**)

Competitors who send the entry packet in by the Pre-Registration date can pay the Pre-Registration Fees at the door. All other fees are due the day of the tournament.

Please fill out this form and submit with entry packet(s). If you are paying for multiple competitors you will only need complete one of this form.

Competitor Name(s) _____

ENTRY FEES	Amount	# of	+ Divisions	# of	Total Cost
Shiai –Pre-Registration (10/8/2016)	\$30.00	_____	\$10.00	_____	\$ _____
Shiai – At Door Registration	\$35.00	_____	\$15.00	_____	\$ _____
Kata Team (up to 2 Katas) – Pre-Registration	\$15.00	_____	\$5.00	_____	\$ _____
Kata Team (up to 2 Katas) – At Door Registration	\$20.00	_____	\$10.00	_____	\$ _____
Total Entry Fees					\$ _____

***Additional Divisions limited to one (1) per competitor.**

PAYMENT METHOD: Pay Now (for pre-registration) Pay at the Door

Cash Money Order # _____ Check # _____

Master Card # _____ Visa # _____

Name on Card _____

Expiration Date _____ Billing Zip _____ 3 digit code on back _____

I authorize **Judan Judo** to process the credit card listed above for the Total Entry Fees listed above.

Signature _____ Date _____

Tournament Directors cannot guarantee multiple divisions for any competitor

All Competitors must have a current National Membership Card. If card has expired a copy of application must be presented at door. ATJA, USJA, USJF and US Judo Application Forms will be available at the door



Maumee Bay Classic



JUDO SHIAI RULES

The Maumee Bay Classic 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.

Current International Judo Federation Rules as Modified:

Division Rules

1. **Junior Division** – 5 through 16 years of age
 - a. Juvenile A (age 13 through 16) Shime Waza is allowed. NO Kansetsu Waza allowed
 - b. Juvenile B (age 8 through 12) No Shime Waza or Kansetsu Waza allowed
 - c. For Youth 10 and under there may be co-ed competition at the discretion of the tournament director.
2. **Senior Division** – (age 13 and above)
 - a. Kansetsu waza is allowed regardless of competitor's age.
 - b. Minimum age to enter senior division is 13 years.

Match Length: Junior, Novice and Master division are 3 minutes. Advanced are 5 Minutes

Injury Rule: Pre 2003 Medical Rule will be used for Jr. Division's only. 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.

Color Belts Required: Blue belts must be worn by the **Blue Competitor** and a White belt must be worn by the **White Competitor**. **Blue and White Belts are not provided at tournament site, so please bring your own belts.**

Color Gis: Competitors if you only have one gi it must be white to compete and when you are on the blue side you must have a blue belt. **Competitor without a white gi will have to forfeit all matches they are to fight on the white side or find a white gi to change into. NO EXCEPTIONS.**

Foot Wear: All competitors must bring and wear zoris or footwear when not on the mat

Golden Score: The "Golden Score" will apply to ALL DIVISIONS. There will be Hantei when neither contestants score by the end of the overtime match period. For 6 & 7 year olds the Golden Score Match times are one minute.

Choking: If a competitor (age 13 to 16) fails to tap out when being choked and passes out they will forfeit all future matches in that division.

Weigh-In: The weigh-in for the all Judo events will only take place on Saturday, 10/22/2016, 8:00 - 9:30 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 Maumee Bay Classic Tournament.



Maumee Bay Classic



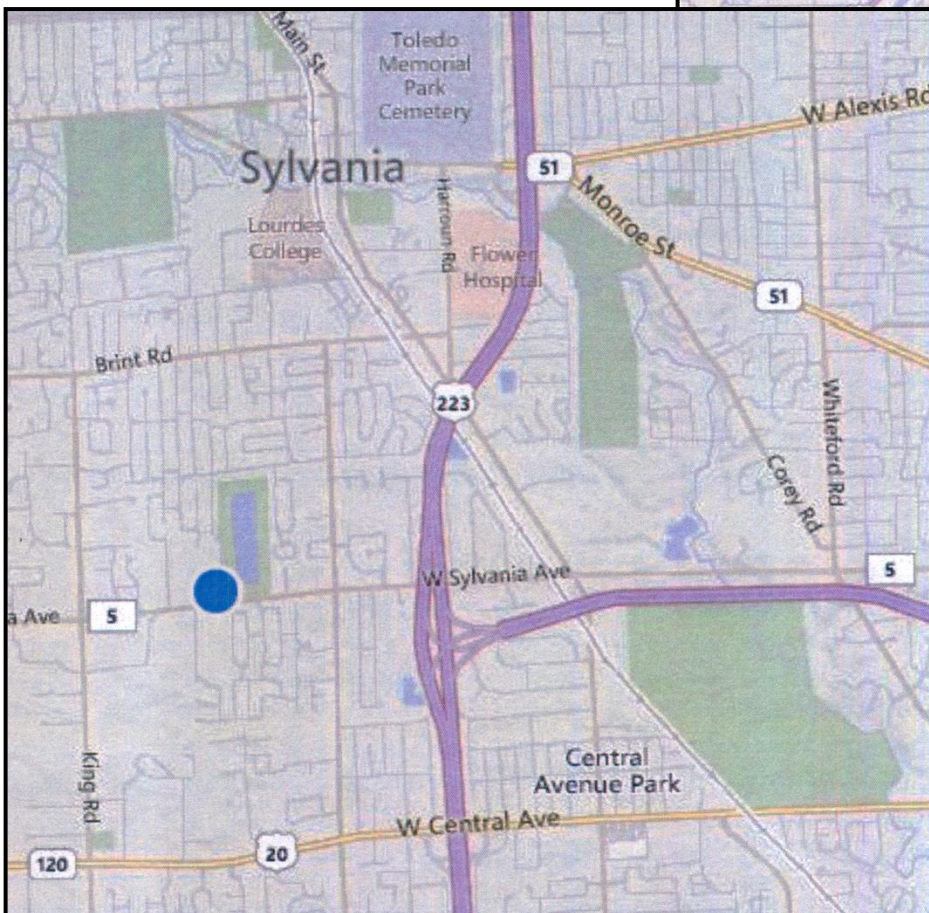
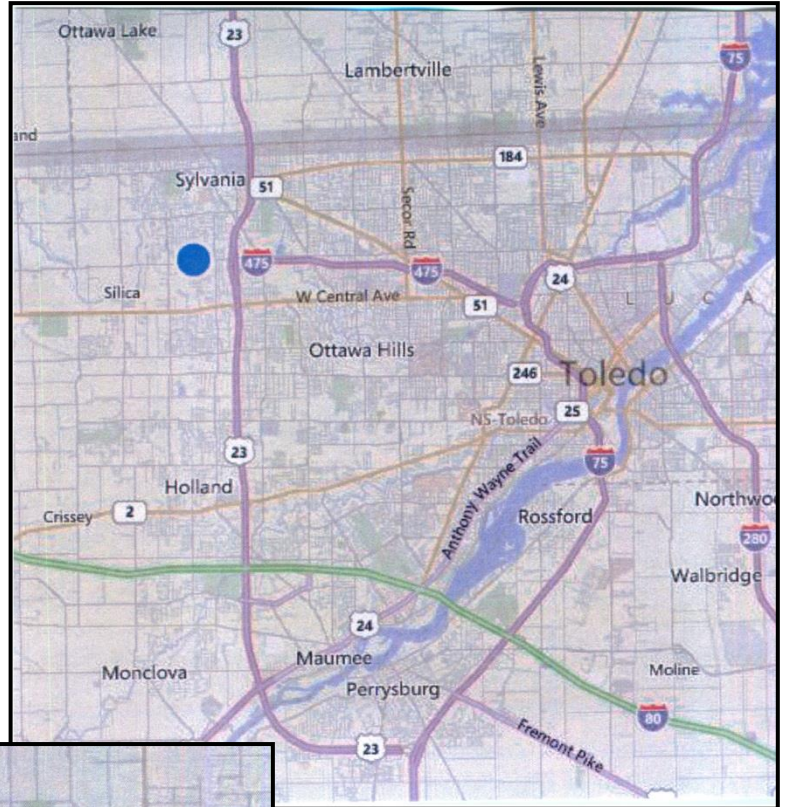
Directions

Sylvania Tam-O-Shanter Sports, 7060 Sylvania Ave, Sylvania, OH 43560

TRAVELING NORTH I-75: North I-75 to Exit 192 (left) to West I-475 / I-23 to **Exit 13 W. Central Ave.** turn **Left** onto W. Central Ave. Turn **Right** on **N. McCord Rd.** Turn **Left** on **Sylvania Ave.** Venue on the Right just past Oleander Park

TRAVELING SOUTH I-75: South I-75 to West I-475. Merge onto I-23 South. Get into far right lane **Exit 13 W. Central Ave.** Turn **Left** onto **W. Central Ave.** Turn **Right** on **N. McCord Rd.** Turn **Left** on **Sylvania Ave.** Venue on the Right just past Oleander Park

TRAVELING SOUTH I-23: South I-23 to **Exit 13 W. Central Ave.** turn **Left** onto **W. Central Ave.** Turn **Right** on **N. McCord Rd.** Turn **Left** on **Sylvania Ave.** Venue on the Right just past Oleander Park





Maumee Bay Classic



JUDO SHIAI ENTRY FORM

Registration / Payment Form (page 2) must be Completed and submitted with Entry Form.

COMPETITOR INFORMATION

Name (Last) _____ (First) _____

Parent(s)/Legal Guardian(s) _____ Phone: _____

Address _____ e-mail: _____

City _____ State _____ Country _____ Zip Code _____

Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____

Competitor's Rank _____ Competitor's Declared Weight (required for Pre-Registration) _____

USJA # _____ USJF # _____ US Judo # _____ Foreign # _____

Expiration Date: _____ If Membership card has expired please provide a copy of Renewal Application

USJA, USJF and US Judo Membership Application Forms will be available at the door.

Club Name _____ Club Email _____

Coach's Name _____ Coach's Rank _____

DIVISIONS

- Male Female

JUNIOR DIVISIONS

- Youth (5-10 may be co-ed) Juvenile B (8-12) Juvenile A (13-16)

SENIOR DIVISIONS

- Novice Brown Belt Black Belt

MASTER DIVISIONS

- Novice Brown Belt 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 _____

PLEASE PROVIDE COPY OF THIS PAGE IF COMPETING IN SECOND DIVISION.



Maumee Bay Classic



JUDO WAIVER / 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 Maumee Bay Classic, in any Judo tournament, practice, clinic and related events and activities (“Activity”) of American Traditional Jujitsu Association (ATJA), Sylvania Tam-O-Shanter Sports (7060 Sylvania Ave, Sylvania, OH 43560), Judan Judo and the Maumee Bay Classic Staff and Volunteers.

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 division, 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 sever 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 agree not to **sue** the American Traditional Jujitsu Association (ATJA), Sylvania Tam-O-Shanter Sports, Judan Judo together with their affiliated clubs, their respective administrators, directors, officers, agent, 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, losses, liability, damage or cost 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 the to the fullest extent permitted by law

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGNED IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSUANCE OF ANY NATURE. 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 EVIDENCE BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXPENT 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’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 including litigation expenses, attorney fees, loss, liability, damage or cost 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 underlined participant as to the above warnings and conditions and their ramifications.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian’s Signature

Date



Maumee Bay Classic



JUDO KATA TEAM ENTRY FORM

Registration / Payment Option Form (page 2) must be Completed and submitted with Entry Form.

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
- Kime No Kata
- Itsusu No Kata
- Goshin Jitsu No Kata

DIVISIONS:

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

TORI

Name (Last) _____ (First) _____
 Parent(s)/Legal Guardian(s) _____ Phone: _____
 Address _____ e-mail: _____
 City _____ State _____ Country _____ Zip Code _____
 Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____
 Competitor's Rank _____ Competitor's Declared Weight (required for Pre-Registration) _____
 USJA # _____ USJF # _____ US Judo # _____ Foreign # _____
 Expiration Date: _____ If Membership card has expired please provide a copy of Renewal Application

USJA, USJF and US Judo Membership Application Forms will be available at the door.

Club Name _____ Club Email _____
 Coach's Name _____ Coach's Rank _____

UKI

Name (Last) _____ (First) _____
 Parent(s)/Legal Guardian(s) _____ Phone: _____
 Address _____ e-mail: _____
 City _____ State _____ Country _____ Zip Code _____
 Date of Birth: (Mo) _____ (Day) _____ (Year) _____ (Age) _____ (Sex) _____
 Competitor's Rank _____ Competitor's Declared Weight (required for Pre-Registration) _____
 USJA # _____ USJF # _____ US Judo # _____ Foreign # _____
 Expiration Date: _____ If Membership card has expired please provide a copy of Renewal Application

USJA, USJF and US Judo Membership Application Forms will be available at the door.

Club Name _____ Club Email _____
 Coach's Name _____ Coach's Rank _____



Maumee Bay Classic



MINOR (5 TO 17) EMERGENCY MEDICAL NOTICE MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR

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 AMERICAN TRADITIONAL JUJITSU ASSOCIATION (ATJA), ITS TOURNAMENT DIRECTOR, REFEREE DIRECTOR, AND ANY AND ALL ORGANIZERS, PROMOTERS, OFFICERS, STAFF, REFEREES, TOURNAMENT WORKERS AND VOLUNTEERS OF MAUMEE BAY CLASSIC, hereafter referred to as the "Maumee Bay Classic," 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 10/23/2016, 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 Maumee Bay Classic. It is also understood that the Maumee Bay Classic/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 Maumee Bay Classic 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: _____