

**JUDAN JUDO**  
**REFEREE CLINIC & TEST FOR LOCAL/STATE REFEREE CERTIFICATION**  
**JUNIOR DEVELOPMENT SHIAI**

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

1) The purpose of this event is to allow new players the opportunity to compete 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— no clinic fee, but registration form required - Indiana test fee is \$10.

**Date:** **Saturday - February 17, 2018**

**Place:** **East Jay Middle School**  
**225 E Water Street**  
**Portland, IN 47371**

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

**Host:** Judan Judo

**Sanction:** USA Judo #

**Event Directors:** Vickie Daniels (765) 748-2277  
Brad Daniels (260) 726-5045  
Tabby Sprunger (260) 615-8411

**Awards:** Trophies - 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>

**Schedule:**

**Referee Clinic:** 8:30 AM - 9:00 AM - Registration

9:00 AM - 11:00 AM – Clinic and Test - Review new rules at –  
<https://www.ijf.org/news/show/amended-rules>

**Shiai Registration:** 9:00AM-10:00AM (13 and under juniors orange belt and under)

**Competition:** 11:00 AM

**Participation Fee:** \$25

**Rules:** **Current IJF Rules as modified** (*Note: this will be less formal than a normal shiai – a few matches may be paused for additional instructions/corrections*)  
No Chokes Match Lengths: 2 minutes  
Pool System Scoring - Note: Exhibition matches may be added to assure everyone gets to compete.

**Divisions:** Determined after weigh - in considering experience, sex, age and weight.  
Beginner (white belts with 0 or 1 previous shiai) and Novice (orange belts or below with minimal shiai experience)

**Judan Judo Club Referee Clinic and  
Junior Orange Belt and under Development Shiai  
East Jay Junior High, Portland, IN  
Registration Form**

*Please Print Clearly*

**Please RSVP Vickie at [judovickie@hotmail.com](mailto:judovickie@hotmail.com) or call 765-748-2277 with number of  
players attending novice tournament**

CONTESTANTS NAME \_\_\_\_\_

CLUB REPRESENTING \_\_\_\_\_

AGE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ SEX MALE  FEMALE

**JUNIOR REGISTRATION**

Check **ONE AGE** Division  3-4  5-6  7-8  
 9-10  11-12  13

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

USJI USJA USJF (Circle One) # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

**THE WARNING WAIVER AND RELEASE LIABILITY AND AGREEMENT TO PARTICIPATE AND  
POWER OF ATTORNEY MUST BE EXECUTED AND RETURNED WITH THE ENTRY FORM.**

**CONSENT FOR WEIGHT CHANGE**

We (I) hereby express our consent and approval that in the event that the Contestant is uncontested, he/she may either move up into another weight bracket or next age bracket.

Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

SIGN ON BACK

**The Tournament Director reserves the right to make any changes that are in  
the best interest of the contestants and to achieve fairness and competition.**

# **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 2018 Judan Judo Novice Shiai and related events and activities of USA Judo, USJA, USJF, Indiana Judo, Inc., Judan Judo Inc., East Jay Middle School, and Jay School Corporation.

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, 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo, Inc. (USA Judo), the United States Olympic Committee, United States Judo Federation, United States Judo Association, Indiana Judo, Inc., Judan Judo Inc., East Jay Middle School, and Jay School Corporation 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 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 AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. 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. . 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's Printed 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 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 minor participant as to the above warnings and conditions and their ramifications.

\_\_\_\_\_

Parent/Guardian's Printed Name

\_\_\_\_\_

Parent/Guardian's Signature

\_\_\_\_\_

Date