



**KONAN YUDANSHAKAI**  
**KONAN JUDO ASSOCIATION CHAMPIONSHIP**  
**USJF Sanction # 18-02-03**

**DATE:** Sunday, February 25, 2018  
**LOCATION:** Michigan State University, IM West bldg. 393 Chestnut East Lansing, MI 48824  
**TIME:** Junior & Senior Registration - 9:00 AM to 10:00 AM  
 Referees' Meeting - 9:30 AM  
 Kata—10: 15 AM  
 Shiai – 11:00 AM

**ENTRY FEE:** \$30.00 Pre-registration received by February 17, 2018  
 \$45.00 On-site registration.  
 Family rate: 1st person \$30.00 (or \$45.00) and \$15.00 for each additional family member.  
 Multiple entries by one person: \$30.00 (or \$45.00) for 1st division and \$15.00 for each additional division.

**PLEASE MAKE CHECKS PAYABLE TO: KONAN JUDO ASSOCIATION**

**CONTEST RULES:** Current I.J.F. Rules as Modified:

- 1) NO Kansetsu-waza allowed in junior divisions
- 2) Shime-waza allowed for 13 years of age and older
- 3) No Kansetsu-waza allowed in Novice divisions regardless of contestant's age (minimum age to enter senior division is 16 years). Sankyu and above will be allowed
- 4) Pre 2003 medical rule will be used for Jr. Division's only
- 5) Blue belts must be worn by the blue competitor and a white belt must be worn by the white competitor
- 6) Junior, Novice, and Masters are 3 minutes; Advance are Men are 5 Minutes in length and 4 minutes for Female
- 7) For youth 10 and under there may be co-ed competition at the discretion of the tournament director.
- 8) Zories (protective footwear) must be worn when off the mat
- 9) Care System will be used.
- 10) Contest area will be 8 meters x 8 meters with a 4 meter safety zone between adjoining mats and 3 meter safety area everywhere else.

**ELIGIBILITY:** All contestants **must** provide their **primary** U.S.J.F., U.S.J.I. or U.S.J.A. card. Foreign contestants **must** have the proper ID from their home country. If you do not present your valid primary card, you must purchase one on site. U.S.J.I., U.S.J.F., and U.S.J.A. applications will be available at the tournament site. All junior's competitors must have a signed consent head up concussion form

**DIVISIONS:** Boys & Girls:

7-8 years	-	Light, Medium, & Heavy
9-10 years	-	Light, Medium, & Heavy
11-12 years	-	Light, Medium, & Heavy
13-14 years	-	Light, Medium, & Heavy
15-16 years	-	Light, Medium, & Heavy

Men & Women:

Advanced Men	
132 lb –60K	198 lb-90K
145 lb –66K	220 lb-100K
161 lb –73K	+220 lb-+100K
178 lb - 81k	

Novice White, Green & Blue Belts – Light, Medium, & Heavy

Advanced Women

106 lb-48K	154 lb-70K
114 lb-52K	172 lb-78K
125 lb-57K	+172lb-+78K
139 lb-63K	

Masters (30-45)	-	Light, Medium, & Heavy
Masters (46 & over)	-	Light, Medium, & Heavy

**AGE CUT OFF**

Seniors - Must be at least 16 years old as of Midnight February 21, 2016

Juniors – Age 17 or under as of Midnight, February 21, 2016

**ELIMINATION:** Round Robin



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**KATA:** NAGE NO KATA & JU NO KATA

Level	Nage-no-Kata	Ju-no-Kata
<b>Novice Requirements</b>	First three sets of Nage-no-Kata (Te-, Koshi- and Ashi-waza)	First two sets
<b>Advanced Requirements</b>	All five sets of Nage-no-Kata	All three sets

*(NO separate categories for Men / Women or mixed pairs)*

**AWARDS:** Trophies for 1st, 2nd and 3rd Place

**TOURNAMENT DIRECTOR:** Mr. Jim Murray

**HEAD REFEREE:** Mr. Don Flagg PJC-C

**HEAD KATA JUDGE:** Ms. Frances Glaze Kata A Judge

**JURY:** Mr. Jerry Wee, PJC-C, Mr. Neil Simon PJC-C, and Mr. Tom Sheehan IJF-B

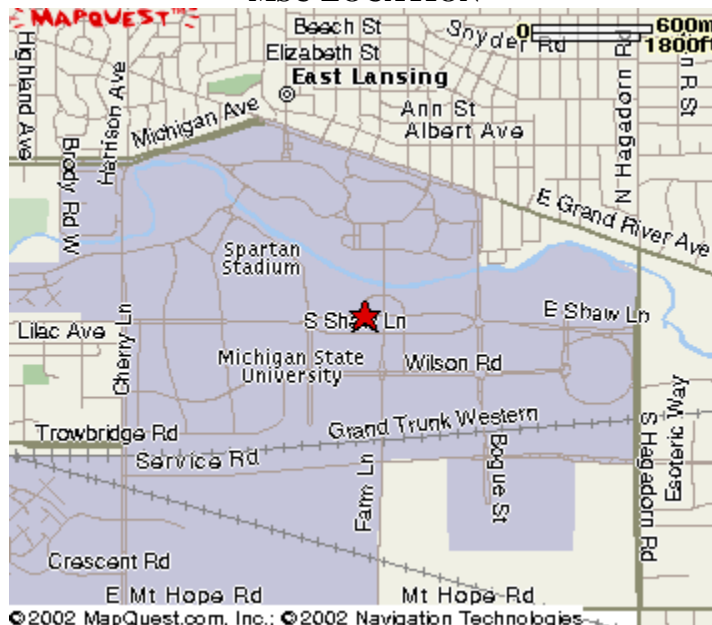
**REGISTRAR:** Send pre-registration to Mr. Neil Simon, 29255 Laurel Woods Drive, Ste 202, Southfield, MI 48034

**HEAD SCORER KEEPER** Mr. Joe VanDenBoom

**Beginners or Novice Referees:** Judokas may referee if they are 10 years or older. They can officiate matches that are his or hers age and below their age. They must have a white shirt, dark color pants, and dark color socks. They must attend the referee meeting. Certified referee must wear formal referee outfit.

The tournament director reserves the right to make necessary adjustments regarding the conduct of this tournament, as he deems necessary in the best interest of the participants. The tournament director may refuse any entry that is found to contain false information. “Coaches, Instructors, & Parents will have the opportunity to review the categories and confirm their child / athlete’s suitability for participation.

**MSU LOCATION**



**Tournament Site:** IM West Bldg is on northwest side next to stadium.

**Hotel Information:** Kellogg Center, 3600 S. Harrison Rd. (517) 432-4000  
 Red Roof Inn, 3615 Dunckel Rd. (517) 332-2575



KONAN YUDANSHAKAI
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USJF Sanction # 18-02-03

(Official use only)

DIVISION: \_\_\_\_\_ GENDER: [ ] Male [ ] Female OFFICIAL WEIGHT: \_\_\_\_\_
Payment mode [ ] Check [ ] Cash \$ \_\_\_\_\_ Primary Card Registrar Verification: \_\_\_\_\_

Konan Judo Association Championships
February 25, 2018

OPEN TO CURRENT USJA, USJF, USJI, and Canadian MEMBERS

Send pre-registration by February 17, 2017 to Mr. Neil Simon, 29255 Laurel Woods Drive, Ste 202, Southfield, MI 48034

PLEASE MAKE CHECKS PAYABLE TO: KONAN JUDO ASSOCIATION

ENTRY FORM

(PLEASE TYPE OR PRINT) [ ] MALE [ ] FEMALE \_\_\_\_\_ Division: \_\_\_\_\_

CONTESTANT'S NAME: \_\_\_\_\_
(Last) (First) (Middle Initial)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_@\_\_\_\_\_.

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PHONE NO: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell NO: ( ) \_\_\_\_\_

CLUB: \_\_\_\_\_ RANK: \_\_\_\_\_

CURRENT REGISTRATION NO.:

U.S.J.F. \_\_\_\_\_ U.S.J.I. \_\_\_\_\_ U.S.J.A \_\_\_\_\_ Expiration Date. \_\_\_\_\_

RULES: Current I.J.F. Rules as Modified:

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3. Kansetsu-waza allowed in all senior divisions regardless of contestant's age minimum age to enter senior division is 13 years.
4. Pre 2003 medical rule will be used for Jr. Division's only.
5. Blue belts must be worn by the blue competitor and a white belt must be worn by the white competitor.
6. Juniors, Novice, and Master are 3 Minutes. Advance is 5 Minutes in length and 4 minutes for Female.
7. For youth 10 and under there may be co-ed competition at the discretion of the tournament director.
8. Zories (protective footwear) must be worn when off the mat
9. Care System will be used.
10. Contest area will be 8 meters x 8 meters with a 4 meter safety zone between adjoining mats and 3 meter safety area everywhere else.

If assistance/accommodation is needed (check off appropriate box) [ ] Vision Loss/Blindness [ ]
Hearing loss/Deafness
[ ] Other \_\_\_\_\_ Type of assistance/accommodation requested or name of person assisting \_\_\_\_\_

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Certificate Regarding Non-Black Belt Contestants

I, \_\_\_\_\_ a Judo instructor, who has been awarded the Judo rank of Shodan or
(Print name of Instructor)

higher, under the auspices of USJI, USJF, USJA OR JUDO CANADA, hereby certify that,

\_\_\_\_\_ although not having been awarded the Judo rank of Shodan or higher,
(Print name of Contestant)

is of sufficient aptitude and skill in Judo to compete in these Championships.

Judo Instructor (print) \_\_\_\_\_ Date of Signature \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Rank \_\_\_dan Org [ ]JI [ ]JF [ ]JA Card Expires Date \_\_\_\_\_



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## Kata Registration Form

Complete and attach to registrations and waivers of team members, along with relevant entry fees. If entering more than one Kata division, please photocopy this form and fill out one Kata Registration Form for each division.

**Kata**

**Tori Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Uke Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Rank:** \_\_\_\_\_

**Judo Club:** \_\_\_\_\_ **Kata Instructor:** \_\_\_\_\_

**PRE-REGISTRATION KATA FEES: \$20.00 (NO REFUNDS)**

Send by **February 17, 2017** completed entry form and entry fee to **Mr. Neil Simon**, 29255 Laurel Woods Drive, Ste 202, Southfield, MI 48034

**ON SITE REGISTRATION KATA FEES: \$30.00 (NO REFUNDS)**

**PLEASE MAKE CHECKS PAYABLE TO: KONAN JUDO ASSOCIATION**

**Certificate Regarding Non-Black Belt Contestants**

I, \_\_\_\_\_ a Judo instructor, who has been awarded the Judo rank of Shodan or  
(Print name of Instructor)

higher, under the auspices of USJI, USJF, USJA OR JUDO CANADA, hereby certify that,

\_\_\_\_\_ although not having been awarded the Judo rank of Shodan or higher,  
(Print name of Contestant)

is of sufficient aptitude and skill in Judo to compete in these Championships.

**Judo Instructor (print)** \_\_\_\_\_ **Date of Signature** \_\_\_\_\_

**Signature of Instructor** \_\_\_\_\_ **Rank** \_\_\_dan **Org** JI JF JA **Card Expires Date** \_\_\_\_\_

(No refunds-Entry form and fee must be received by February 18, 2017.)



**KONAN YUDANSHAKAI  
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**YUDANSHAKAI SENIOR TEAM CHAMPIONSHIP**

We have taken our yudanshakai and divided it into three distinct geographic regions and created a team captain(s)/coach(es) for each region. Coaches for these regions will select the teams players. The region and coaches are:

<b>Region</b>
Ohio
West Michigan/Indiana
East Michigan

The Team Composition will be composed of 3 Males, 2 Females

- ◇ Male weight categories -66kg, -81kg, +81kg
- ◇ Female weight categories -63kg and +63kg

**MAY THE BEST REGION WIN!!!**

*For additional information please contact Jim Murray, tournament director, at  
murrayjim@charter.net.*

**WARNING!**  
**WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**  
**(Including Limited Co-Ed Competition for Age 10 and Under for USJF Sanction)**

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities (“Activity”) of the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Konan Judo Association Inc., Judo Affiliates of Michigan, Inc., Michigan State University, and Michigan State Judo Club**, 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 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. 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 severe 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 covenant not to sue the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Konan Judo Association Inc., Judo Affiliates of Michigan, Inc., Michigan State University, and Michigan State Judo Club**, together with their affiliated clubs, their respective administrators, directors, officers, agents, 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, loss, liability, damage or costs 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 to the fullest extent permitted by law.

**I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. CONSISTENT WITH THE BY-LAWS OF USJF, THIS TOURNAMENT MAY INCLUDE CO-ED COMPETITION FOR AGES 10 AND UNDER IN COMPARABLE AGE/WEIGHT DIVISIONS WHERE THERE IS AN INSUFFICIENT NUMBER OF GIRLS FOR NON-CO-ED AGE/WEIGHT DIVISIONS. I HAVE READ AND UNDERSTAND THE TOURNAMENT ANNOUNCEMENT CONCERNING THESE SPECIAL DIVISIONS. 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 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

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

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

This is to certify that I, as parent/legal 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 costs 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 minor participant as to the above warnings and conditions and their ramifications.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parent/Legal Guardian’s Signature

\_\_\_\_\_  
Date Form 514, V6.0.0, 090818

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**Konan Judo Association Championships**

**USJF Sanction ## 18-02-03**

**HEAD UP WAIVER**

*For those under 18; this form must be signed by the parent or guardian and minor*

**CONCUSSION DANGER SIGNS**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

**WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?**

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

**WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?**

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

By my name and signature below, I acknowledge in accordance with Public Acts 342 or 2012 that I received and reviewed this concussion educational material.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE