

OHIO JUDO, INC. presents the
2019 Ohio Judo
Championships Clinic

Saturday, March 30th, 2019



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Hosted by

Judan Judo of Toledo, 5020 Lewis Ave. Toledo, OH 43612

Join us for the 2019 OHIO JUDO CHAMPIONSHIPS CLINIC! We hope you can be here, participate, and most of all, give us your feedback so that we can grow and improve the State Championships! This Event is Open to All Judo Athletes, including those from other States and Countries.

Please pre-register – you will help us start on time and save \$10!

Mail the form and a check payable to: "OHIO JUDO" by March 21st, 2019.
Judan Judo of Toledo, PO Box, 167440, Oregon, OH 43616

SANCTION: USA Judo Sanction #

REGISTRATION DISCOUNT: All Current Registered (2019) Ohio Judo, Inc. Clubs can offer their members a \$5.00 discount on registration fees.

REGISTRATION FEE: Pre-register: \$25 Day of event: \$35

SCHEDULE: Registration 12:30 to 12:50PM Clinic 1:00PM

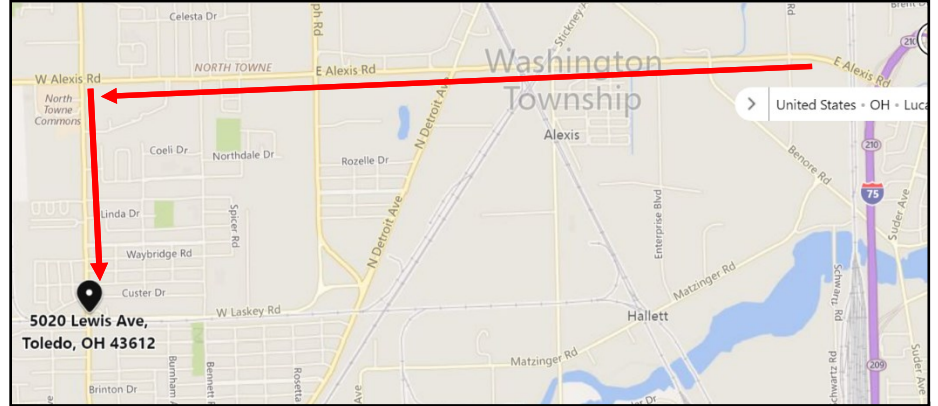
ELIGIBILITY: All participants must provide a valid USA JUDO, USJA, USJF, ATJA, or AJJF card. Foreign participants must have the proper ID from their home country. (Membership registration will also be available at the site.) The Clinic Director reserves the right to make necessary adjustments for the successful operation of the event. The Clinic Director may refuse any entry that is found to contain false information.

SNACK BAR ON SITE: Judan Judo will have drinks available for purchase.
No Food or Drinks allowed on the mat

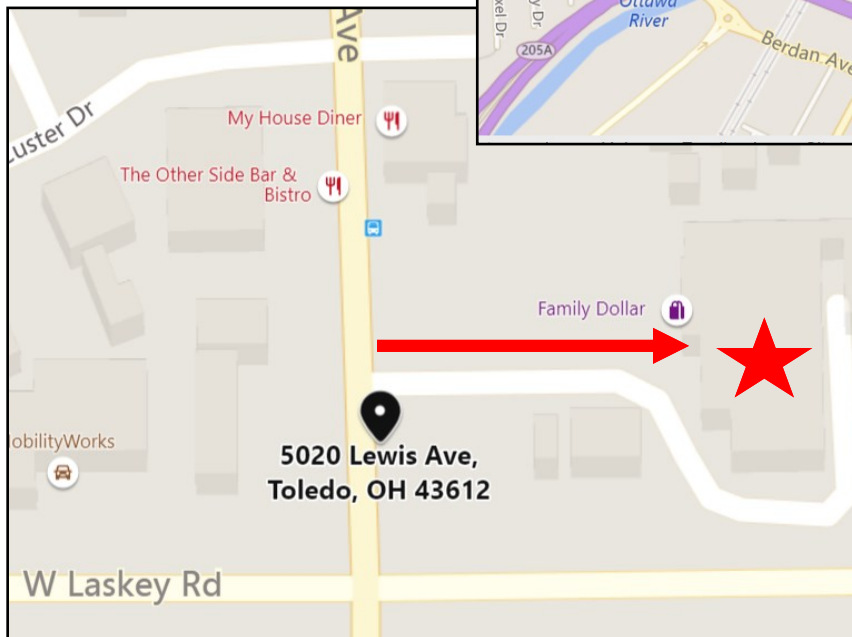
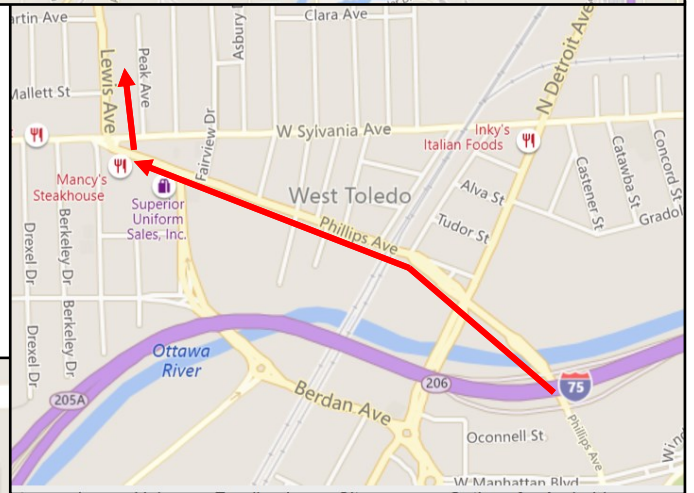
CLINIC DIRECTORS: Gary Monto (Director) 419-283-6319, JudanJudo@aol.com

Judan Judo of Toledo
5020 Lewis Ave, Toledo, OH 43612
(Corner of Lewis & Laskey, right next door to the Family Dollar Store)
419-726-8388

From North: I75 South.
Exit 210 Alexis Rd. Turn
right on Alexis, head
West until Lewis Ave.
Turn Left on Lewis.
Before second stop
light, turn Left into in
Family Dollar parking.



From South: I75 North. Exit 206 Phillips
Ave. Turn left on Phillips, head Northeast
on Phillips. When approaching Sylvian Ave
stay in Right lane which becomes Lewis
Ave. Right after Laskey Ave, turn right into
in Family Dollar parking.



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☉ Enter your information (please print clearly!)

Name: _____	Club: _____						
Uke (Kata): _____	Name Of Kata: _____						
Rank: _____	Date of Birth: _____	Age on the day of the event: _____					
Address: _____							
City: _____	State: _____	Zip: _____ Country: _____					
Email: _____		Phone: _____					
National Membership:	<input type="checkbox"/> USA Judo	<input type="checkbox"/> USJA	<input type="checkbox"/> USJF	<input type="checkbox"/> ATJA	<input type="checkbox"/> AJJF	<input type="checkbox"/> Judo Canada	<input type="checkbox"/> Other : _____
Membership # _____	Expiration Date: _____						

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 USA Judo, USJA, or USJF, hereby certifies that 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

Print Name of Judo Instructor

Rank of Instructor

Official use only:

Weight: _____ Reg. card verified _____ Division (age/weight): _____

OHIO JUDO CHAMPIONSHIPS 2019

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 2019 Ohio Open State Championships and related events and activities of **USA Judo, USJA, USJF, ATJA, AJJF, Ohio Judo, Inc., Sylvania Rec Center, Judan Judo of Toledo**, 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 condition(s) 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, Traumatic Brain Injury (TBI), and severe social and economic losses due not only my own actions, inactions or negligence, but also to the action, inaction 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 and discharge and covenant not to sue the **USA Judo, USJA, USJF, Ohio Judo, Inc., Sylvania Rec Center and Judan Judo of Toledo**, 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, guardian(s), 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 hereafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability or death or 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 RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON 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.

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 Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases 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.

④ I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE AGREEMENT.

PRINT NAME	SIGNATURE	DATE
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⑤ FOR PARENTS/GUARDIANS OF PARTICIPANTS UNDER AGE 18:

PARENT/GUARDIAN NAME	SIGNATURE	DATE
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