

KETTERING REC CENTER JUDO CLUB
REFEREE CLINIC & TEST FOR LOCAL CERTIFICATION
JUNIOR & SENIOR 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 (LOCAL Level) – no clinic fee, but registration form required – OJI referee test fee is \$10.

Date: **Saturday - July 16, 2022**

Place: Kettering Recreation Center (Map Attached)
2900 Glengarry Drive
Kettering, Ohio 45420
937-296-2587

Sanction: USA Judo #:

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

Sponsor: Kettering Rec Center Judo Club

Event Director: Russ Scherer (937) 427-5836

Awards: Certificates - 1st, 2nd, 3rd and Participation

Schedule:

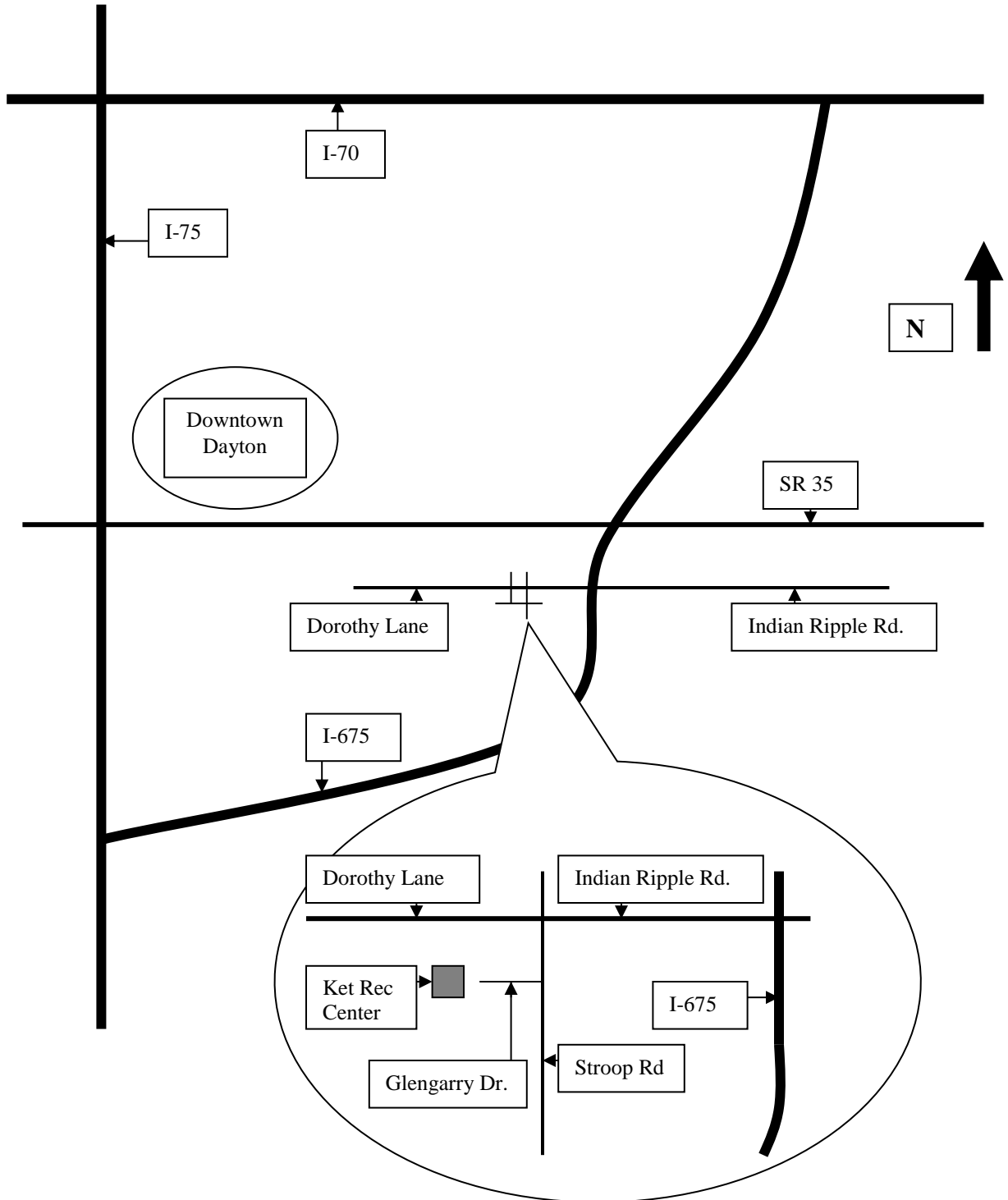
Referee Registration: **8:30 AM - 9:00 AM** (Please pre-register and prior to the clinic
Referee Clinic: 9:00AM-10:30 AM review the OJI “On-line Referee Training” at
<http://www.ohiojudo.org/index.php/where-to-train/dojo-web-pages-menuitem/280-ref-training-program-index>
Shiai Registration: **9:00AM-10:00AM (Juniors); 11:00AM-12NOON (Seniors)**
Competition: 11:00 AM – 4:30 PM **Note: ONE Mat Area**

Participation Fee: \$15 [\$10 if payment received by 7/9/22 – make checks payable to Russ Scherer and send to: 510 Silvercrest Terrace, Beavercreek, OH 45440]

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 Shime Waza for any division
No Armbars for any division
Match Lengths: 3 minutes
Pool System Scoring - Note: Exhibition matches may be added to assure everyone will be able to compete

Divisions: Determined after weigh-in considering experience, age and weight (boys, girls, men, and women) (Beginner{ white belts with 0 or 1previous shiais }, Novice{ orange belts or below with minimal shiai experience })

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



NOTE: Please Park in the “Water Park Parking Lot and use the southwest entrance to the Rec Center

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

Please Print Clearly

Name: _____ Date of Birth: _____

Address: _____ Rank: _____

City: _____ State: _____ Zip: _____

Division: Beginner ___ Novice ___ : Junior ___ Senior ___ : Referee Clinic ___

Male ___ Female ___ Phone #: (____) ____-_____

Current Age ___ E-MAIL Address _____

Club: _____ Instructor's Name: _____

USJI#: _____ USJA#: _____ USJF#: _____ ATJA#: _____ Expires: _____

Estimate Experience: # tournaments ___; # matches ___; # wins ___

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 United States Judo, Inc., United States Judo Federation, or United States Judo Association 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: _____

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 Kettering Rec Center Judo Club Junior & Senior Development Shiai and related events and activities of **USA Judo, United States Judo Association, United States Judo Federation, ATJA, Ohio Judo, Inc., City of Kettering, Kettering Recreation Center,** and the **Kettering Rec Center Judo Club,** 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, 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 **United States Judo, Inc., United States Judo Association, United States Judo Federation, ATJA, Ohio State Judo, Inc., City of Kettering, Kettering Recreation Center,** and the **Kettering Rec Center Judo Club,** 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.

Participant *(Please Print)*

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 Releases, 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 *(Please Print)*

Parent/Guardian's Signature

Date