

TOHOKU JUDO CLUB SHIAI - Tournaments for Adults Under Age 30 **Sunday, September 14, 2022**

PRE-REGISTER BY EMAILING this form to: teamtohoku@aol.com (pay at the door)

SITE: TOHOKU JUDO CLUB at 2322 Massachusetts Ave., 2nd Floor, Cambridge, MA 02140 (Parking: Sunday parking on Mass. Ave. is free at the meters—you may have a short walk, but there are lots of spaces.)

TIME: **SENIORS** weigh-in from **12:30 – 1:30 PM** competition begins approx. 2:00 PM

FEES: \$20.00 per competitor **AWARDS:** Awards for 1st, 2nd, 3rd

FORMAT: At each tournament, competitors are grouped into pools by weight for a series of round-robin matches for pools of 5 or less; modified double elimination for pools may be used for divisions of 5 or more (subject to change based on number of competitors).

Divisions: *(Tournament Director reserves the right to add, combine and/or cancel divisions based on the number of competitors; Coaches, Instructors, & Parents will have an opportunity to review the categories and confirm their child's/athlete's suitability for participation.)*

Senior Men Light/Medium/Heavy

Senior Women: Light/Medium/Heavy

RULES: Current IJF Contest Rules will be in effect except: there may be co-ed competition for ages 10 and below; Shimewaza is not permitted for competitors under age 13, nor are arm-locks for competitors under age 17 nor for ranks below Sankyu).

ELIGIBILITY: Competitors with USJF, USJI, or USJA current affiliation are eligible to compete. MUST present current membership card.

Print all information	Date: <u>AUGUST 14, 2022</u>	WEIGHT: _____
NAME: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
ADDRESS: _____		
Phone # _____	Email: _____	
Age: _____	Date of Birth: _____	RANK: _____
CLUB: _____	COACH: _____	
ORGANIZATION: <input type="checkbox"/> USJF # _____	<input type="checkbox"/> USJA # _____	<input type="checkbox"/> USA JUDO# _____ EXPIRES: _____
- - - - -		
If assistance/accommodation is needed (check off appropriate box): <input type="checkbox"/> Vision Loss/Blindness <input type="checkbox"/> Hearing Loss/Deafness		
Type of assistance/accommodation requested or name of person assisting: _____		

SENIOR COMPETITORS IN CASE OF EMERGENCY:
NAME OF CONTACT PERSON: _____
TELEPHONE NUMBER: _____

Must be signed: Certificate Regarding Non-Black Belt Contestants & Participation Waiver

Certificate Regarding Non-Black Belt Contestants

I, (name of Instructor) _____ a Judo instructor, who has been awarded the Judo rank of Shodan, or higher, under the auspices of the USJF, USJA, USA Judo or Judo Canada, hereby certify that, (name of contestant) _____ although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this competition.

Judo Instructor: _____ Rank: _____ Rank: USJF USJA USA Judo

Signature of Instructor: _____ Date: AUGUST 14, 2022

