

15th Annual Red, White, and Blue Classic JUDO TOURNAMENT



Saturday November 11, 2017
Grant County YMCA
STAR Financial Coliseum
123 Sutter Way
Marion, IN 46952

Opening Ceremonies at 11:15

NOTICE!

The 2017 Red, White, and Blue Classic Tournament will be a test site for
Developmental, Local and Regional Referee Certification
Contact Tournament Director prior to November 4, 2017 to be considered for testing.

15th Annual Red, White, and Blue Classic

Saturday, November 11, 2017

Grant County Family YMCA, STAR Financial Coliseum, 123 Sutter Way, Marion, IN 46952

USJA Sanction: 17-050

Eligibility:	JUNIOR, SENIOR, and MASTERS DIVISIONS ***Competitors MUST present a Current USA Judo, USJA or USJF Card ***
Awards:	1 st , 2 nd , and 3 rd Place Medals for Each Division. 1 st , 2 nd , and 3 rd Place Team Trophies (Junior Team only)
Entry Fee: Make Checks out to: Marion PAL Judo	Advanced Registration must be postmarked by November 8th Advanced: \$30.00 1 st Division / \$15.00 each additional Division Mail Advance Entries to: Marion PAL Judo c/o Bruce Bender 4411 N. Macombe Dr. Marion, IN 46952 Event Day: \$40.00 1 st Division / \$25.00 each additional Division <u>A SEPARATE ENTRY FORM MUST BE COMPLETED FOR EACH DIVISION</u>
Registration & Weigh-Ins: <u>NEW VENUE</u>	9:00 AM – 10:30 AM Saturday, November 11, 2017 at Grant County Family YMCA. 123 Sutter Way. Marion, IN. 46952
Start Time:	Opening Ceremonies begin at 11:15 am with Masters and Junior Competition to follow. Senior divisions will begin immediately following Junior Competition. Newaza at the conclusion of the Senior division.
Rules: **Footwear must be worn while off the mat!**	Double Elimination <ul style="list-style-type: none"> • I.J.F. Contest Rules as Modified: <ul style="list-style-type: none"> • Kansetsu Waza allowed in Brown/Black Belt Division only • Shime Waza allowed for 13 Years of age and Older • <u>ALL PLAYERS MUST HAVE THEIR OWN WHITE AND BLUE BELTS</u>
Match Times:	3 Minute Matches – All Junior Divisions, Masters, and all Newaza. 4 Minute Matches All Senior Divisions
Tournament Co-Directors:	Bruce Bender and Robyn Culley Head Referee: Gary Amick (765) 667-2976 (cell) robynculley@gmail.com bbender@indy.rr.com
Concessions:	Available at Tournament Site

DIVISIONS

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.

Junior Novice Boys & Girls White / Yellow Belt Only May also compete All Ranks	Ages	7-8 9-10 11-12 13-14 15-16	All Junior, Masters, and Newaza Divisions Light / Middle / Heavy Senior Men's Novice Light / Middle / Heavy Senior Men Brown/Black Light / Middle / Light Heavy/ Heavy Senior Women's Novice Light / Middle / Heavy Advanced Light / Middle / Heavy
Junior All Ranks Boys and Girls *There is no Novice division for 6 & Under.	Ages	6 & Under* 7-8 9-10 11-12 13-14 15-16	
Senior Women	Novice & Advanced		
Senior Men	Novice & Brown/Black		
Men's Masters All Ranks	Ages	30-39 40+	
Male and Female Newaza	All Ranks		

2017 Red White and Blue Classic Entry Form

Advanced: **\$30.00** first division / **\$15.00** additional division. Event Day: **\$40.00** first division / **\$25.00** additional division.

Contestant: _____ **CLUB:** _____

DOB: _____ **Age:** _____ **Sex:** Male Female **Belt Color:** _____

Advanced entry REQUIRED: E-mail: _____ or Phone: _____

Membership – Contestants must show a valid USA Judo, USJA, or USJF membership card or proof of application of membership in order to compete. USJA and USA Judo membership applications will be available at the tournament site

USA Judo / USJA / USJF#: _____ **Expiration Date** _____ **Approved:** _____

ONE FORM PER DIVISION

To be completed by Tournament official – Weight: _____ lbs.

Junior Divisions (Circle ONE)

Boys – Novice (white/yellow)		7-8	9-10	11-12	13-14	15-16
Boys – All Rank	6 & Under	7-8	9-10	11-12	13-14	15-16
Girls – Novice (white/yellow)		7-8	9-10	11-12	13-14	15-16
Girls – All Rank	6 & Under	7-8	9-10	11-12	13-14	15-16

Senior Divisions (Circle ONE)

Senior Men	White-Green	Brown / Black
Senior Women	White-Green	Brown / Black
Men Masters	30-39	40+
Newaza	Male	Female

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, _____, a Judo Instructor, who has been awarded the Judo rank of Shodan or higher by USA Judo, USJA, or USJF, hereby certify that the above-named Contestant is of sufficient aptitude and skill in Judo to compete in this tournament in this Division.

Signature of Judo Instructor

Date

***CONSENT FOR WEIGHT and/or AGE CHANGE – Must Check ONE Box and Sign**

- I hereby express or consent and approve that if Contestant is uncontested, Contestant may either move up into another weight or age bracket without prior review of bracket by the Coach.
- I hereby express or consent and approve that if Contestant is uncontested, Contestant may either move up into another weight or age bracket only with prior review of bracket by the Coach.
Coach signature to verify review of bracket and approval: _____
- I do not give consent nor approve moving up into a higher weight or age bracket.

Signature of Adult Contestant

Date

Signature of Minor’s Parent/Guardian

Date

Warning, Waiver, and Release of Liability must be signed on the BACK

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 2017 Red, White, and Blue Classic Judo Tournament and related events and activities of the United States Judo Association (USJA), Indiana Judo, Inc., Marion PAL Club Judo, United States Judo, Inc. (USA Judo), United States Judo Federation (USJF), Grant County Family YMCA.

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 sever social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inactions or negligence of others, the rules of the of the sport of Judo, or conditions of the premises or 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 USJA, USJF, Indiana Judo Inc., Marion PAL Club Judo, USA Judo, Grant County Family YMCA, 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 in part by the negligence of the releasee or otherwise to the fullest extend 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 EVIDENCE 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.

FOR PARTICIPANTS AGE 18 AND OLDER

Print Name of Participant

Signature

Date

FOR PARENTS / GUARDIANS OF PARTICIPANTS UNDER AGE 18 ON DAY OF EVENT

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 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 extend permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Print Name of Parent/Guardian

Signature

Date