



5th Annual Grassroots Judo™ Senior Judo Summer Nationals
Saturday/Sunday July 7-8, 2018
USJF Sanction #18-07-01
ENTRY PACKET

Konan Judo Association is excited to host the **2018 Summer USJF/USJA Judo National Championships**. This event consists of **Senior, Novice, Master Shiai and Kata Competitions**. These National's are open to all competitors who have a valid USJF, USJA, and USA Judo membership card or Foreign NGB membership. Please read all eligibility requirements.

Sponsored and Hosted by:	Konan Judo Association, Inc.
Tournament Headquarters	Amway Grand Plaza Hotel 187 Monroe Ave NW Grand Rapids, MI 49503
Competition Site (adjacent to headquarters)	DeVos Place 303 Monroe NW Grand Rapids, MI 49503
Registration (Amway Grand Plaza Hotel)	Friday, July 6, 2018, 9:00am to 4:00pm (ALL COMPETITORS, COACHES AND OFFICIALS)
Weigh-In (Amway Grand Plaza Hotel)	Friday, July 6, 2018, 2:00pm to 5:00pm - All senior/master/novice Grassroots Categories
Referee Development Workshop	Friday, July 6, 2018 at HQ Hotel from 9:00am to 4:00pm
Referee Meeting (Mandatory)	Friday, July 6, 2018 at HQ Hotel from 5:00pm to 8:00pm
Coaches Meeting	Friday, July 6, 2018, at HQ Hotel, from 8:00pm to 9:00pm
USJF & USJA Meetings	Thursday, July 5, 2018, at HQ Hotel, Times and Location TBD
Competition Dates for the Senior Judo Summer Nationals (DeVos Place)	Sunday, July 8, 2018, All senior/master/novice Grassroots Categories
Tournament Director (Shiai)	Jim Murray, 616-293-1568 MurrayJim@charter.net Neil Simon, 248-358-0121 NJSimon@aol.com
Head Shiai Referee	Calvin Terada – USJF Referee Chair, IJF-A
Konan Shiai Referee Coordinator	Don Flagg - PJC Referee

SCHEDULE OF EVENTS

SCHEDULE OF EVENTS

Thursday, July 5, 2018 Amway Grand Plaza Hotel
TBD USJA and USJF Meetings

Friday, July 6, 2018 Amway Grand Plaza Hotel
9:00am to 4:00pm Tournament Check-in and Registration for **ALL** Competitors,
Coaches, Referees, Officials and Volunteers (**Note: coaches badges will be
issued at registration only**)
2:00pm to 5:00pm - All senior/master/novice weigh-in
5:00pm to 8:00pm Referee Meeting
8:00pm Coaches Meeting

Saturday, July 7 Amway Grand Plaza Hotel
9:00pm Brackets will be posted

Sunday, July 8, 2018 **All Activities at DeVos Place**
8:00 am Doors open
8:00 am Referees Meeting
9:00 am Kata Competition begins followed by Juvenile A, IJF Juniors, Teams
10:00am Grassroots categories will start following the conclusion of the Jr. National
divisions

ELIGIBILITY

INDIVIDUAL COMPETITION (Eligibility Requirements):

Senior Championships Shiai and Kata competition is open to any male or female born from December 31, 2001, or earlier. Masters competition is open to any male or female born on December 31, 1988, or earlier, and meets the following requirements:

1. ALL CONTESTANTS must be a current member of at least one of the following organizations, **have current card**, and have current insurance coverage with that organization on the day of competition: United States Judo Federation, United States Judo Association, USA Judo, or Foreign Competitors National Judo Passbook. **Copy of government issued identification is required.**
2. NO AGE WAIVERS will be CONSIDERED or ACCEPTED.
3. If the contestant holds a recognized rank of Shodan (1st degree Black Belt) or higher, from USJF, USJA, or USA Judo, or Recognized National Federation, you must submit a **copy of the rank certificate or copy of your current USA JUDO membership card having the rank verification symbol “V” printed following the rank required.**
4. If the contestant's rank is lower than Shodan, the Certificate Regarding Non-Black Belt contestants must be completed and signed by a coach who holds a recognized Black Belt rank (**You must submit a copy of Coach's Black Belt rank**) is required.

SENIOR CHAMPIONSHIP COMPETITION (Eligibility Requirements):

1. Competitor to hold rank of Brown/Black Belt.
2. Open to any male or female born from December 31, 2001, or earlier.

MASTERS COMPETITION (Eligibility Requirements):

1. Competitor holds rank of Brown/Black Belt.
2. Open to any male or female born on December 31, 1988, or earlier.

SENIOR NOVICE COMPETITION (Eligibility Requirements):

1. Competitor holds rank below Brown Belt.
2. Open to any male or female born on December 31, 2001, or earlier.

KATA CHAMPIONSHIPS COMPETITION (Eligibility Requirements):

1. Any combination of male, female, or mixed pairs who meet the requirements specified under the individual competition eligibility requirements.
2. Kata teams may have US and team members from other countries.

REGISTRATION & ENTRY FEES

PRE-REGISTRATION:

The official entry form and all other required forms and documents must be fully completed, properly signed, appropriate fees enclosed, personal check, money order or cashier's check (NO CASH), mailed to the address stated on the entry form and **postmarked no later than Friday, June 1, 2018.**

POSTMARKED BY Friday, June 1, 2018	
Shiai-Individual Entry Fee	\$100.00
Kata-One Kata Entry Fee (Per Team)	\$100.00
Kata- Two Kata Entry Fee(Per Team)	\$120.00
Kata- Three Kata Entry Fee (Per Team)	\$130.00
Coaches Fee (Badge)	No Charge

ENTRY FEES ARE NON-REFUNDABLE

MAKE ALL CHECKS PAYABLE TO: **Konan**
Please note in Memo: **2018 Grassroots SUMMER Nationals**
MAIL Entry and Check to: 2018 Junior Nationals, 5091 Streamside Ct NE, Rockford, MI 49341

INCOMPLETE ENTRY APPLICATIONS:

Entries with incomplete or missing information will be considered late entries unless the required material is received before the Tournament Check-In. You will be informed by mail or email of incomplete or missing information and given an opportunity to properly submit all materials prior to Tournament Check-In.

LATE REGISTRATION:

Official entry forms **postmarked June 2, 2018 to June 22, 2018**, will be considered LATE entries. Late entries fees are as follows:

POSTMARKED BY Friday, June 22, 2018	
Individual Entry Fee	\$120.00
One Kata Entry Fee (Per Team)	\$120.00
Two Kata Entry Fee (Per Team)	\$130.00
Three Kata Entry Fee (Per Team)	\$140.00
Coaches Fee (Badge)	\$ 30.00

WALK-UP REGISTRATION:

NO PERSONAL CHECKS. Cash, Money Order, Cashier's Check will be accepted.

Friday, July 6, 2018	
Individual Entry Fee	\$150.00
One Kata Entry Fee (Per Team)	\$150.00
Two Kata Entry Fee (Per Team)	\$160.00
Three Kata Entry Fee (Per Team)	\$170.00
Coaches Fee (Badge)	\$ 50.00

- Incomplete Entry Applications (incomplete or missing information) will be charged the walk-up registration fees.**

TOURNAMENT CHECK-IN & WEIGH-IN

TOURNAMENT CHECK-IN (ALL COMPETITORS) Amway Grand Plaza Hotel:

All contestants (Shiai, Team and Kata) must check-in and register on Friday, July 6, 2018, from 9:00am to 4:00pm at the Tournament Headquarter Hotel. During Tournament Check-in, all late and incomplete registrations will be required to properly complete all forms and pay appropriate fees. NO EXCEPTIONS.

TOURNAMENT CHECK-IN (COACHES & REFEREES) Amway Grand Plaza Hotel:

All Coaches **MUST** register on Friday, July 6, 2018, from 9:00am to 4:00pm in person, at the Tournament Headquarter Hotel. During Tournament Check-in, coaches will be required to properly complete late and incomplete forms and pay appropriate fees and show proof of current membership in USJF, USJA, or USA Judo.

All Referees are to Check-in, in person from 9:00am to 4:00pm at the Tournament Headquarter Hotel and show proof of current membership in USJF, USJA or USA Judo (See Schedule of Events for dates and times for referee checking-in and meeting).

WEIGH-INS (ALL COMPETITORS) Amway Grand Plaza Hotel:

Practice scales will be available to all contestants to check their weights as many times as desired prior and up to the scheduled weigh-in times. Contestants will be allowed one chance on the scale at the official weigh-in.

COACHES CREDENTIALS Amway Grand Plaza Hotel

Coach's badges will be issued at registration to certified coaches ONLY (USJF, USJA, or USA Judo). In order to expedite the registration process, coaches must send Coaches Badge Application Forms to the address printed on the form. **Coaches who register as "Walk-Up" will be charged \$60 and must present all required forms and documents.** Coaches admitted to the floor of the event are expected to dress appropriately for a National Championship level event (i.e. dress slacks with golf or polo shirts. or warm-up suits preferred. No tank tops, cut-off shorts, or T-shirts).

**ALL Coaches MUST check-in on Friday, July 6, 2018, between 9:00am and 4:00pm.
*No Coaching Badge will be issued after registration closes!***

TOURNAMENT HEADQUARTERS HOTEL AND SITE

Amway Grand Plaza Hotel
187 Monroe Ave NW
Grand Rapids, MI 49503
Hotel web registration: <https://aws.passkey.com/e/49288316>

ROOM OCCUPANCY RATE SUITE TYPE RATE

Single (1 person) \$154.00 + tax
Double (2 people) \$154.00 + tax
Triple (3 people) \$154.00 + tax
Quad (4 people) \$154.00 + tax

SPECTATOR ADMISSION TICKETS:

Admission will be \$10 for each day. All spectator tickets will be available for purchase at registration. Children under the age of 6, competitors with proper credentials, coaches with proper credentials, referees and **USJF, USJA, and Konan Life Members** with proof of life membership status, will be admitted free.

INDIVIDUAL SHIAI COMPETITION

INDIVIDUAL COMPETITION RULES

The Championships will be conducted in accordance with the Contest Rules, Organization Code, and the Sporting Code of the International Judo Federation, as revised for the 2018 USJF Senior Judo Championships, with the exception of match length (Sr. Novice and Masters) as follows:

- **Match Lengths:** Masters and Senior Novice– 3 minutes and no time limit for Golden Score.
- **Match Lengths:** Brown/Black Belt Divisions–4 minutes (Female)/4 minute(Males) and no time limit for Golden Score
- **Seeding: There will be NO seeding of athletes.** The draw will be random with restriction that players having the same State affiliation will be placed as far apart in the bracket as possible. All contestants are expected to report to their assigned contest area 5 matches prior to their assigned match number.
- **Judo Gi Sizing:** Shiai and Masters Competitors **MUST** wear Judo Gis that comply with the current IJF Judo Gi specification regarding sizing.
- **Judo Gi Color:** Contestants may wear a blue Judo Gi on the blue side. If you wear a white Gi you will need a blue belt.

METHOD OF COMPETITION

These Championships will be using the **following:**

- A. 4 or more athletes – Modified Double Elimination System** with “winner’s” and “loser’s” brackets. The winner of the “winner’s” bracket will have NO losses and will be placed 1st. The loser of the “winner’s” bracket will compete against the winner of the “loser’s” bracket for 2nd and 3rd place.
- B. 3 athletes – Round Robin**
- C. 2 athletes – Best of 2 out of 3**

INDIVIDUAL COMPETITION CATEGORIES AND WEIGHT DIVISIONS

Please note that each Category is based solely on the year in which the contestant was born. The contestant’s actual age on the day of competition is irrelevant. All weights listed below are in kilograms. For each weight division, the weight range will be over the next lower weight and up to and including the weight listed.

Example: Male 60 kg includes weight over 55 kg and up to and including 60 kg.

The following Age/Weight Categories will be used for this competition:

MALE

Category	Day of Competition	Gender	Divisions (kg)							
			LW	MW	HW					
Senior Novice	Sun	Male	LW	MW	HW					
Masters (30 years old in 5 year increments)	Sun	Male	LW	MW	HW					
Brown& Black Belt Divisions (Match Length 4 minutes & No time limit for Golden Score)	Sun	Male	55	60	66	73	81	90	100	+100

INDIVIDUAL SHIAI COMPETITION (CONT).

The following Age/Weight Categories will be used for this competition (Cont):

FEMALE

Category	Day of Competition	Year Born	Divisions (kg)							
Senior Novice	Sun	Female	LW	MW	HW					
Masters (30 years old in 5 year increments)	Sun	Female	LW	MW	HW					
Brown & Black Belt Divisions (Match Length 4 minutes & No time limit for Golden Score)	Sun	Female	44	48	52	57	63	70	78	+78

KATA COMPETITION

KATA COMPETITION CATEGORIES

There will be 5 events to be contested: Nage-No-Kata, Katame-No-Kata, Kime-No-Kata, Ju-No-Kata, and Goshin-Jutsu. A contestant may enter only one Kata event once (e.g. contestant cannot enter the same Kata event with a different partner).

ELIGIBILITY

All registered USJF, USJA, USA JUDO, and International Players in good standing are eligible to compete in the Kata portion of this National Competition. All team members must meet all other eligibility requirements and restrictions as governed by the 2018 USJF/USJA Junior National Judo Championships.

KATA COMPETITION VENUE & TIME

Competition will take place Sunday, July 8, 2018, at 9:00 am.

KATA ENTRY INFORMATION

Team must submit the proper entry fees and application for EACH KATA category. See Registration and Entry Fees for deadline dates for appropriate fees. The actual team member names must be stated on the application form and sent in as ONE application. Kata applications sent in separately will be returned as incomplete.

Each team member must have all properly completed Waiver, Consents, and Liability Releases, Proof of Age Requirements, and all other documents required for this competition. **Note: Check-Off List must be completed and submitted (if missing, it will be considered INCOMPLETE).**

AWARDS

Awards will be given for First, Second and Third Place in the Shiai and Kata competition. Special Awards will also be presented. **All awards recipients must be wearing a Judo Gi when receiving their awards.**

OFFICIAL INDIVIDUAL SHIAI COMPETITION ENTRY FORM

ITEM #1A (Shiai Contestants Only–SENIOR BROWN/BLACK)

For Tournament Officials Use Only

Gender	Age	Weight	Division	Payment	Reg Stamp
		Official's Initials: _____		Registrar's Initials: _____ CASH CHECK \$ _____ \$ _____ # _____	

Participants Last Name (Family name, Surname)

First Name

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Street Address

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City

State

Zip Code

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Telephone (Voice)

Email Address

--	--

Parent(s)/Legal Guardian

Emergency Phone Number (Parent/Guardian)

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Date of Birth (MM/DD/YYYY)

Country of Citizenship

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Membership Type (Select one) - place an "X" in the appropriate box

- USJF
 USJA
 USA Judo
 Foreign Competitor

Membership Number

Expiration Date(MM/DD/YYYY)

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Judo Club Name

Rank

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Name of Coach/Club Instructor

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Yudanshakai

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If assistance/accommodation is needed (Check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Circle the category you wish to complete:

MALE:	55kg	60kg	66kg	73kg	81kg	90kg	100kg	+100kg
FEMALE:	44kg	48kg	52kg	57kg	63kg	70kg	78kg	+78kg

Contestants MUST provide their own White and Blue Judo belts.

Must be completed and postmarked before June 3, 2018, to avoid a late fee!

Make all checks payable to Konan Judo Association – Please note in memo: 2018 Sr. Nationals. A \$40 fee will be charged for any returned checks. Send to **2018 Sr. Nationals, 5091 Streamside Ct NE, Rockford, MI 49341**

OFFICIAL INDIVIDUAL SHIAI COMPETITION ENTRY FORM
ITEM #1B (Shiai Contestants Only-MASTERS):

For Tournament Officials Use Only

Gender	Age	Weight	Division	Payment	Reg Stamp
		Official's Initials:		Registrar's Initials: _____ CASH CHECK \$ _____ \$ _____ # _____	

Participants Last Name (Family name, Surname)

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First Name

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Street Address

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City

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State

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Zip Code

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Telephone (Voice)

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Email Address

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Parent(s)/Legal Guardian

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Emergency Phone Number (Parent/Guardian)

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Date of Birth (MM/DD/YYYY)

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Country of Citizenship

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Membership Type (Select one) - place an "X" in the appropriate box

- USJF
 USJA
 USA Judo
 Foreign Competitor

Membership Number

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Expiration Date(MM/DD/YYYY)

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Judo Club Name

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Rank

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Name of Coach/Club Instructor

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Yudanshakai

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If assistance/accommodation is needed (Check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Circle your age group (YEAR BORN):

30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79
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MALE /FEMALE DIVISIONS:	LWT	MWT	HWT
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Contestants MUST provide their own White and Blue Judo belts.

Must be completed and postmarked before June 3, 2018, to avoid a late fee!

Make all checks payable to Konan Judo Association – Please note in memo: 2018 Sr. Nationals. A \$40 fee will be charged for any returned checks. Send to **2018 Sr. Nationals, 5091 Streamside Ct NE, Rockford, MI 49341**

ITEM #1C (Shiai Contestants Only–SENIOR NOVICE):

For Tournament Officials Use Only

Gender	Age	Weight	Division	Payment	Reg Stamp
		Official's Initials: _____		Registrar's Initials: _____ CASH CHECK \$ _____ \$ _____ # _____	

Participants Last Name (Family name, Surname) First Name

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Street Address

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City State Zip Code

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Telephone (Voice) Email Address

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Parent(s)/Legal Guardian Emergency Phone Number (Parent/Guardian)

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Date of Birth (MM/DD/YYYY) Country of Citizenship

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Membership Type (Select one) - place an "X" in the appropriate box

- USJF
 USJA
 USA Judo
 Foreign Competitor

Membership Number Expiration Date(MM/DD/YYYY)

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Judo Club Name Rank

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Name of Coach/Club Instructor

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Yudanshakai

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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: _____		

Contestants MUST provide their own White and Blue Judo belts.

Must be completed and postmarked before June 3, 2018, to avoid a late fee!

Make all checks payable to Konan Judo Association – Please note in memo: 2018 Sr. Nationals. A \$40 fee will be charged for any returned checks. Send to **2018 Sr. Nationals, 5091 Streamside Ct NE, Rockford, MI 49341**

OFFICIAL KATA ENTRY FORM

ITEM #1D (Kata Contestants Only–Senior Championships):

For Tournament Officials Use Only

Payment			Reg Stamp
Registrar's Initials: _____	CASH: \$ _____	CHECK# _____ \$ _____	

TORI AND UKE MUST SUBMIT SEPARATE FORMS FOR EACH KATA

Select Kata:

__ NAGE NO KATA __ KATAME NO KATA __ JU NO KATA __ KIME NO KATA __ GOSHIN JUTSU

Select Kata Role: __ TORI __ UKE

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 assisting: _____

Participants Last Name(Family name, Surname)

First Name

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Street Address

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City

State

Zip Code

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Telephone (Voice)

Email Address

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Emergency Contact

Emergency Phone Number

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Date of Birth (MM/DD/YYYY)

Country of Citizenship

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Membership Type (Select one) - place an "X" in the appropriate box

- USJF
 USJA
 USA Judo
 Foreign Competitor

Membership Number

Expiration Date(MM/DD/YYYY)

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Judo Club Name

Rank

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Name of Coach/Club Instructor

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Yudanshakai

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Kata Partner's Name (Last Name, First Name)

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If contestant is under 18 years of age, they must sign the proper forms. No exceptions. All forms must be completed and attached to the Entry Form. Please use the check-off list of items to ensure you send in a complete Registration Packet.

ITEM # 2 - All competitors - shiai and kata - championships

WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in anyway, including travel to and from the **2018 USJF/USJA Senior National Judo Championships Senior, Novice, Masters Shiai and Kata Competition**, 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 Yudanshakai, Inc., and the DeVos Place Convention Center**, 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., 2018 USJF/USJA Senior National Judo Championships Senior, Novice, Masters Shiai and Kata Competition, Konan Judo Yudanshakai, Inc., and the DeVos Place Convention Center**, 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. 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

ITEM #3: (Championships)

**CERTIFICATE REGARDING PARTICIPANT'S ABILITY
(All NON-BLACK BELT Contestants)**

I, _____, a judo instructor, who has been awarded the Judo rank of Shodan or higher, under the auspices of the United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., here by certify that

(contestant) _____ ,

although not having been awarded the rank of Shodan or higher is of sufficient aptitude and skill in judo to participate in the **2018 USJF /USJA SUMMER SENIOR National Judo Championships**.

Signature of Judo Sensei/Instructor

Date

Signature of Parent/Guardian (if contestant is under 18 years of age)

Date

POWER OF ATTORNEY

(Any contestant under the age of 18 whose parent(s)/guardian(s) will not attend)

I (We) the parent(s) or legal guardian(s) of (participant) _____ have

made, constitute and appoint _____ my (our) true and lawful Attorney form and in my (our) name(s), place, and stead to do any and every act and exercise any and every power that I (we) might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in her/him, irrevocable and full power and authority to do and perform every act and thing what so ever requisite and necessary to be done in connection with the Participant participating in **THE 2018 USJF/USJA SUMMER SENIOR NATIONAL JUDO CHAMPIONSHIPS**, registering for the events, receiving medical treatment and make any other decision as I (we) might or could make or do is personally present.

Parent/Guardian Signature

Witness

Date

ITEM #4: (Championships)

**MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR
(Any contestant under the age of 18)**

Contestant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

USJF#: _____ USAJUDO #: _____ USJA#: _____ (one number is required)

Parent or Guardian: _____ Phone () _____

In emergency, parent(s)/guardian(s) can be reached at: Phone () _____

I,(we),the undersigned parent(s)/guardian(s)of _____ ,a minor, do here by authorize Konan JUDO YUDANSHAKAI, the UNITED STATES JUDO FEDERATION,INC., ITS TOURNAMENTDIRECTOR, REFEREE DIRECTOR, AND ANY AND ALL ORGANIZERS, PROMOTERS, OFFICERS, STAFF,REFEREES, TOURNAMENT WORKERS AND VOLUNTEERS OF **THE 2018 USJF/USJA SUMMER SENIOR NATIONAL JUDO CHAMPIONSHIPS**, hereafter referred to as the "CHAMPIONSHIPS," as agent(s) for the undersigned to consent to any x- ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

PARENT/GUARDIAN PLEASE INITIAL _____

It is understood that this authorization is given in advance of any specific diagnosis, treatment of hospital care being required, but is given to provide authority and power on the part of our afore said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable.

PARENT/GUARDIAN PLEASE INITIAL _____

This authorization is given pursuant to provisions of the Civil Code of Michigan and shall remain in effect until July 8, 2018, unless sooner revoked in writing and delivered to said agent(s).

PARENT/GUARDIAN PLEASE INITIAL _____

It is understood that the parent(s)/guardian(s) of are responsible for all costs that maybe incurred as a result of the diagnosis, treatment or hospital care while traveling to or from competing in the **2018 USJF/ USJA SUMMER SENIOR NATIONAL JUDO CHAMPIONSHIPS**. It is also understood that the Championships/agent(s) will contact the parent(s)/guardian(s) at the first opportunity available, but will have the welfare of the injured minor as a first priority. In the event that the parent(s)/guardian(s) are unable to make decisions concerning the need for medical diagnosis, treatment or hospital care, either a Championships official or, in the event of a life or death threatening situation, a proper authority (police, fire, rescue, medical, etc.) will be authorized to give consent for diagnosis, treatment or hospital care.

PARENT/GUARDIAN PLEASE INITIAL _____

The undersigned has carefully read and voluntarily signed the MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR FORM, and further agrees that no oral representations, statements, or inducements apart from the foregoing written have been made; and that the undersigned understands that this contract constitutes a MEDICAL RELEASE AND CONSENT TO THE TREATMENT OF A MINOR.

PARENT/GUARDIAN PLEASE INITIAL _____

Signature of Parent or Guardian: _____ Date: _____

ITEM #5:(Championship)

**MEDICAL RELEASE AND CONSENT TO TREATMENT
(All contestants 18 years and older)**

I hereby grant permission and consent in the case of possible injury or any injury that may occur at **THE 2018 USJF/USJA SUMMER SENIOR NATIONAL JUDO CHAMPIONSHIPS**, as will be referred to as the "Championship" hereinafter, for the organizers of the Championship to provide me with an athletic trainer, paramedic and/or a doctor to examine me, and, if needed, and in their opinion, to provide me with medical assistance and/or treatment, and transportation, if needed, to a medical facility for a more extensive and comprehensive examination, including X-rays, anesthetic, medical or surgical diagnoses or treatment, and, hospital care if deemed advisable by the medical staff of the Championship or of the hospital. I agree to accept all financial obligations incurred as a result of any medical assistance, treatment and related expenses provided in connection with any injuries which I may receive during this Championship.

(Participant) Print Clearly

Signature

Date

FALSE ALARM/DAMAGES STATEMENT

This form certifies that the competitor, his/her instructor and parent(s)/legal guardian(s) understand that an emergency vehicle response to a false fire alarm may result in serious injury and loss of life, and that fine, imprisonment and other possible legal consequences may result from activating any false alarm in connection with participation in this tournament. In addition, charges assessed for a false alarm or for other damage to tournament and hotel facilities shall, together with all costs and fees incurred with collecting said charges, shall be the responsibility of the perpetrator's parent(s)/legal guardian(s) and home dojo.
THIS PROVISION IS UNDERSTOOD.

Competitor Print Name

Competitor Signature (REQUIRED)

Date

Parent/Guardian (Print Name)

Parent/Guardian Signature (REQUIRED
(if the contestant is under 18 years of age)

Date

ITEM #5a: (Championships)

HEADS 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 he/she 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 he/she 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, he/she 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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

SHIAI and KATA ENTRY FORM-CHECK LIST

- ___ 1. Official Entry Form(s) with Entry Fee (Remember Kata is by Team entry) Senior Brown/Black– Page 8, Masters– Page 9, Senior Novice– Page 10 and Senior Kata–Page 11
- ___ 2. Warning, Waiver, Release of Liability and Agreement to Participate–Page 12
- ___ 3. Certificate Regarding Participants Ability (All Non-Black Belts) and Power of Attorney–Page 13
- ___ 4. Medical Release for Treatment of a Minor (Under 18)–Page 14
- ___ 5. Medical Release and Consent to Treatment (18 and over) and False Alarm/Damages Statement– Page 15
- ___ 6. Heads Up Waiver for minors (17 and below)–Page 16
- ___ 7. Photo copy of Current USJF, USJA or USA Judo Membership Card (Be sure to bring your membership card to registration check-in)
- ___ 8. Photocopy of Proof of Age (government issued identification or passport or USA JUDO Membership Card with verification symbol“(V)”printed following birth date)
- ___ 9. Copy of Black Belt Certificate: for Proof of Rank or Instructors copy regarding Non-Black Belt Contestants - Page 13
- ___ 10. CHECK LIST SHEET– Page 17

Please send in entry forms with all documentation in the ORDER as listed above with a CHECK MARK in front of each item on the CHECK LIST so that we may expedite your registration

(cut along line)

2018 Grassroots SUMMER Senior National JUDO Championships Senior Shiai (Brown/Black Belt, Masters, Novice) and Senior Kata Competition

Confirmation of Registration

Please include a self-addressed, stamped envelope with this completed form and enclose them with all of the other registration materials. If a self-addressed envelope is not enclosed, you will NOT receive a confirmation form.

Contestant's Name(Last): _____ (First) _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Congratulations! Your registration materials have been accepted: _____
Bummer! Your registration is incomplete and has the following errors:

Contestants MUST still check in on the DAY of REGISTRATON and WEIGH-IN, Friday, July 6, 2018. Please remember contestant to provide your own blue and white belts.

COACHES CREDENTIALS APPLICATION FORM

Each club will be allowed a maximum of 6 coaches or number of contestants from that club (whichever is less) for both the Championships and Novice Tournament.

Coaches' Badge (Competition Floor Pass Credentials) will be provided at **NO COST** to nationally certified coaches (USJF, USJA or USA Judo) who are coaching an athlete at this event, 2018 USJF /USJA Summer Junior & Senior Championships and Novice Tournament, **provided that the coach's credential application form is received and postmarked on or before June 1, 2018.**

Applications forms postmarked from June 2, 2018 to June 22, 2018, will be considered LATE and Coaches Badge Fee will be \$30 each. Any applications postmarked after June 22, 2018, will be considered WALK-UP and charged \$60 for each Coaches Badge.

Coaches who "walk-up" and register on Friday, July 6, 2018, must provide all necessary forms and documents. Coaches Badge Fee will be \$50 each.

All applications for Coaches Badges must be submitted together as a club with photocopies of all necessary documentation included for all. All memberships and certification documents must be current and not expired!

Required Documentation:

- Copy of Current Coaches Certificate from USJF, USJA, USA Judo or National Federation.
- Copy of Current membership in USJF, USJA, USA Judo or National Federation.
- Any Required Fees (if applicable) – See Fee Schedule and Deadlines

**ALL Coaches MUST check-in on Friday, July 6, 2018, between 9am and 4pm.
No Coaches Badge will be issued on day of competition.**

Club/Dojo Coaches

Club (Print Name): _____ Head Instructor (Print Name): _____

Contact Person-Telephone Number:(_____) _____ Email: _____

1st Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

2nd Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

3rd Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

4th Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

5th Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

6th Coach (Print Name): _____ USJF, USJA or USA Judo#: _____ Exp. Date: _____

MAKE ALL CHECKSPAYABLE TO: **Konan Judo Association -**

Please note in Memo 2018 Grassroots SUMMER Nationals Coaches

MAIL Entry and Check TO: **2018 Nationals, 5091 Streamside Ct NE, Rockford, MI 49341**