

City College of San Francisco Invitational Judo Tournament

www.ccsfjudo.org

Date: Sunday, December 11, 2016

Location: City College of San Francisco
Wellness Center
50 Phelan Ave.
San Francisco, Calif. 94112

Time: Tournament will commence at 10:30 am

Entry Fee: Entry fee will be \$40.00 per contestant, second family member \$30.00, third or more family members FREE. Make checks payable to: **ML Event Management**

Awards: Medals will be awarded to 1st, 2nd & 3rd place. **Additional awards (Medals) will be presented to all competitors**

Eligibility: Open to all qualified male and female, Junior/Intermediate and Senior competitors with current USJF, USJA or USA Judo membership cards. Must present current membership card.

Sponsored: CCSF Judo Club

Sanctioned by: USJF 16-12-03

Registration: Registration on the day of the tournament are:

Junior Division: 5-6yrs / 7-8yrs./ 9-10yrs/11-12yrs..... 8:00 am to 9:30 am
Intermediate Divisions: 13-14 yrs / 15-16 yrs 10:00 am to 11:30 am
Sr. White, Brown and Black Belts..... 10:00 am to 11:30 am

Divisions to be contested:

5-6yrs / 7-8yrs. / 9-10yrs. / 11-12yrs..... White, Yellow, Orange Belts
7-8yrs / 9-10yrs. / 11-12yrs..... Blue and Green Belts.
13-14 yrs / 15-16 yrs..... White, Yellow, & Blue Belts
13-14 yrs / 15-16 yrs..... Purple Belts.
Sr. White, Yellow, Green, Blue Belts: Pools – Light, Middle, Heavy
Sr. Brown Belts..... Black Belts: Pools – Light, Middle, Heavy

Black Belt competition will begin at 1:30 pm

Elimination: The Pool system of scoring will be used. Contestants will be separated by sex, age, weight and belt color. Depending on the number of contestants, the Tournament Director reserves the right to combine or change groups to benefit the majority of the contestants.

Scoring System: Places will be determined according to the following criteria, in this order:
A. Places will be determined first on the basis of wins.
B. If the numbers of wins are tied, both participants will be awarded the same medal.

Contest Rules: **We will use the NEW 2013 Competition Rules (www.ijf.org)**

Current IJF Contest Rules Modified as follows:

- Pre 2003 IJF Medical Rule and The CARE system will Not be in use.
- 7 meter competition area with 4 meter between mats with 3 meter safety border on edge.
- No Kani-Basami and No Double knee drop Seoi-Nage in 12 and under
- No Shime waza (chokes) in junior division (12 and under)
- 1st Accidental leg grab for all 12 yrs. and younger will be penalized with a Shido, 2nd accidental leg grab will be Hansokumaki.
- 1st Accidental leg grab for all white belts 13 and older will be penalized with a Shido, 2nd accidental leg grab will be Hansokumaki.
- 2.5 Minutes: (12 and under), Matte Stop Time
- We will use the “Golden Score” process for determining winners in a tied match
- Kansetsu Waza (Armbar) only allowed in the Black Belt Division
- Intermediate, Sr. White and Brown, 3 minutes..... Black Belts 5 minutes

Officials Meeting: Officials Clinic/meeting will be held at 9:30 am, 3rd Floor

Tournament Director: Mitchell Palacio Email: mpalacio@ccsf.edu

USJF #: 16-12-03
OFFICIAL ENTRY FORM

						CHK.# _____ VERIFY: _____
SEX	AGE	BELT COLOR	WEIGHT	Months TIME IN JUDO	DIVISION	

DO NOT WRITE IN THE ABOVE SPACES: OFFICIAL USE ONLY

PLEASE PRINT ALL INFORMATION:

NAME: _____ DATE OF BIRTH: ____/____/____
 FIRST LAST

SEX: _____ AGE: _____ WEIGHT: _____ RANK (BELT COLOR): _____

How long have you been practicing Judo: _____ Yrs. _____ Months

JUDO CLUB: _____ INSTRUCTOR: _____

REGISTRATION #:

USJF #:	Expiration Date:
USJA #:	Expiration Date:
USJI #:	Expiration Date:

HOME ADDRESS: _____

CITY: _____ ZIP: _____

TELEPHONE: _____ NAME OF PARENT: _____

Americans with Disabilities Act Compliance

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: _____		

Required for All Instructors, Coaches/Sensei's
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 United States Judo Inc., the United States Judo Federation, Inc., or the United States Judo Association, Inc., 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 these championships.

Signature of Judo Instructor

Date

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, 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., Central Coast Judo Yudanshakai, Inc., California Judo, Inc., San Francisco Community College District, City College of San Francisco, City College of San Francisco Physical Education Department, and the City College of San Francisco Judo Club**, 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., Central Coast Judo Yudanshakai, Inc., California Judo, Inc., San Francisco Community College District, City College of San Francisco, City College of San Francisco Physical Education Department, and the City College of San Francisco Judo Club**, 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