

2007 All Women's Judo Championship

Hosted by: Southside Dojo Ltd.

Sanctioned by U.S.J.A: 07-091
USA Judo: 2007-071

www.SouthSideDojo.com/womens

Please join us for the 2007 All Women's Judo Championships. We aim to provide you first class service and facilities at this premier Women's Judo Event.
Open to all Female Judoka, National and International

FRIDAY, NOVEMBER 2, 2007

COACHES CLINIC – Open to everyone – valid US or foreign NGB membership required

Coaches clinic and certification
5:00 pm – 9:00 pm
Conducted by: Dr. AnnMaria Rousey DeMars

Location TBA

SATURDAY, NOVEMBER 3, 2007

WOMEN'S SHIAI AND KATA COMPETITION

Registration & Weigh in
8:00 – 9:00 am Junior and Kata
8:00 – 10:00 am Senior and Master
Referees Meeting
Chief Referee – Julie Koyama, PJU-C
9:00 am
Opening Ceremonies
9:30 am (followed by competition)
Coaches clinic and certification (continued)
Time TBA

Hackett Catholic Central High School
1000 W. Kilgore Rd, Kalamazoo, MI 49008

SUNDAY, NOVEMBER 4, 2007

REFEREE | KATA CLINICS

Open to everyone – valid US or foreign NGB membership required

Referee and Kata Clinics
9:00 am – 1:00 pm at Southside Dojo
Conducted by Eiko Shephard & Frances Glaze

New location: Southside Dojo
8534 Portage Rd, Portage, MI 49002

Clinicians:

Dr. AnnMaria Rousey DeMars

Eiko Shephard

Frances Glaze

Chief Referee:

Julie Koyama, PJU-C

REGISTRATION INFORMATION

Pre-Registration (Individual shiai OR Kata pair)	\$ 35.00
On Site Registration (Individual shiai OR Kata pair)	\$ 45.00
Shiai Contestant – additional divisions	\$ 10.00

Family Discount for 2 family members	- \$ 10.00
Family Discount for 3 family members	- \$ 20.00
Family Discount for 4 family members	- \$ 30.00
Family Discount for 5 family members	- \$ 40.00

* one family discount per family – immediate family only

Returning competitors bring a competitor that did not compete last year and receive a \$10 registration discount. Bring two and receive \$15 off your registration.

Clinic registration (shiai / kata contestants)	\$ 10.00
Clinic registration (non-contestants)	\$ 40.00

Clinic registration for access to all clinics

Pre- Registration Deadline 10/29/2007

DIVISIONS

JUNIOR (AGES)

6-8 yr	9-10	11-12	13-14	15-16
Light / Middle / Heavy categories in each				
Open Divisions for 6-12 and 13-16 years				

SENIOR

White - Green	Brown - Black
Light / Middle / Heavy categories in each	
Open Division for 17 years and Up	

MASTERS (AGES)

30-39 yr	40-49	50-59	60+
Light / Middle / Heavy categories in each			
Open Division for 30 years and up			

Pooling may be adjusted on site to accommodate numbers at the discretion of the tournament director.

KATA

Nage no Kata	Katame no Kata	Ju no Kata	Goshin jitsu	Kime no Kata
--------------	----------------	------------	--------------	--------------

TOURNAMENT DIRECTOR

ROBERT M. TREAT
11952 Heron St.
Schoolcraft, MI 49087

Robert.M.Treat@Pfizer.com

COMPETITOR LIAISON

DEBORAH L. FERGUS
2006 Wickwire Rd.
Benton Harbor, MI 49022
(269) 208-1068

Defrgs6@cs.com

TOURNAMENT REGISTRAR

RON BLAKE
8266 Brookcrest Ave.
Portage, MI 49024
(269) 345-7391

RonBlake@chartermi.net

HOTEL AND ACCOMMODATIONS

AREA HOTELS

Open to all AWC participants, their families and friends.

Hotel: Clarion Hotel Kalamazoo
Address: 3600 East Cork St.
Kalamazoo, MI 49001
Phone: 269 385 3922
Mention Women's Judo

Cost:
\$64.95 All rooms
No Limit number # per room

Airport: Kalamazoo/Battle Creek International,
(AZO)
Phone: 269 383 8888

Pre-Register by 10/29/2007

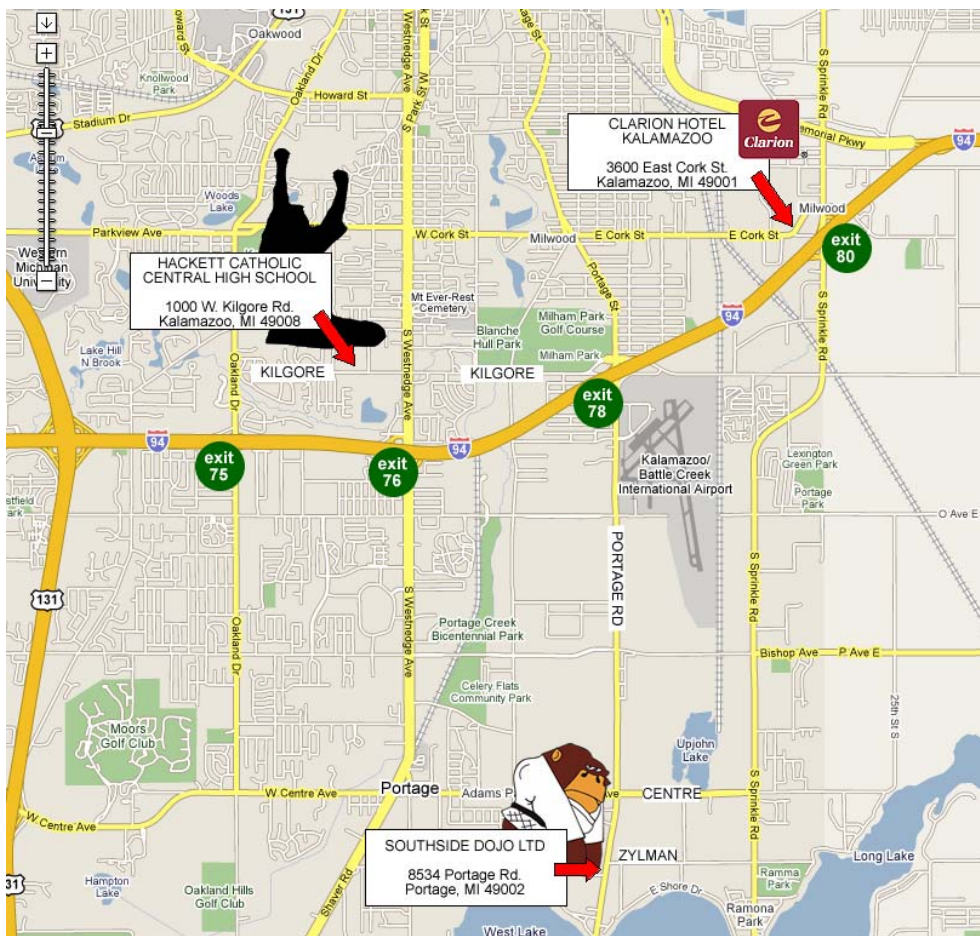
ADDRESSES

TOURNAMENT SITE

Hackett Catholic Central High School
1000 W. Kilgore Rd.
Kalamazoo, MI 49008

SOUTHSIDE DOJO LTD

8534 Portage Rd.
Portage, MI 49002



ELIGIBILITY:

This tournament is open to all female Junior, Senior, and Masters competitors as well as female Kata pairs. All contestants must provide a valid U.S.J.F., U.S.J.I. (USA Judo), or U.S.J.A. card. Foreign contestants must have the proper ID and NGB# from their home country.

SCORING:

Modified Double Elimination (4 or more in a division)
Round Robin (3 or fewer in a division)

MATCH TIMES:

Senior and Master's Division, 4 min.
Junior: 3 min

RULES:

The current rules of the International Judo Federation (IJF) as modified:

1. GOLDEN SCORE will apply to ALL DIVISIONS.
2. NO Kansetsu waza (arm locks) allowed in Junior Division.
3. Shime waza (chokes) allowed for 13 yrs. of age and older.
4. Kansetsu waza (arm locks) allowed in all senior divisions regardless of contestants' age. (Minimum age to enter senior division is 13 years).
5. 2002 Medical Rules.
6. Contestants must be in Judogi to receive awards.

REGISTRATION FEE WORKSHEET:

First division pre-registration	\$35.00	
First division on site registration	\$45.00	
Additional division registration (Separate registration required for each division)	\$10.00 per	
Family Discount = # members x \$10 (<i>one family discount per family – immediate family only</i>)	_____ x -\$10.00	-
Previous year competitor discount for bringing new competitor (\$10 for 1 or \$15 for 2)	-\$10.00 / -\$15.00	-
11/2-4/07 Clinic fee (contestants) – Complete clinic registration page	\$10.00	
11/2-4/07 Clinic fee (non-contestants) – Complete a clinic registration form for each clinic	\$40.00	
	TOTAL:	

2007 All Women's Judo Championship

Make checks payable to
Southside Dojo Ltd.

Send entry forms to:
2007 All Women's Judo
C/O Ron Blake
8266 Brookcrest Dr.
Portage, MI 49024

Registration
Checklist:

- Completed Registration form for each division
- Certificate regarding Non-Black belt
- Waiver and Release agreement
- Registration number or application

Official Entry Form

Name: _____
 Address: _____
 City, State, Zip: _____
 Country: _____
 Phone Number: _____
 Email Address: _____
 Age: _____
 Date of Birth: _____
 Club: _____

Select one or more	Reg #	Expires
USJF: _____	_____	_____
USA Judo: _____	_____	_____
USJA: _____	_____	_____
Foreign NGB: _____	_____	_____
Judo Rank: _____		

Select one division per registration form

Junior Divisions: 6-8 yr 9-10 11-12 13-14 15-16
 Senior Divisions: White - Green Brown - Black
 Master Divisions: 30-39 yr 40-49 50-59 60+
 Weight: _____

Kata Division: _____ (Tori) (Uke)

Clinic Please fill out last sheet for clinic

OPEN DIVISION: (Jr 6-12) (Jr 13-16) (Sr) (Master)

Please submit a separate registration form for each division that you would like to enter.

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANT

I verify that I am a Judo instructor who holds the Judo Rank of Shodan or higher, which has been awarded under the auspices of the United States Judo Federation, Inc., United States Judo Association, or United States Judo, Inc., and 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.

Name of Judo instructor

Signature of Judo Instructor

Official use only	WEIGHT:	<input type="text"/>
	DIVISION:	<input type="text"/>
Verified By / Date: _____		
	Check: Check # _____	\$ _____
	Name on check: _____	Cash: \$ _____

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 of the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hackett Catholic Central High School, Kalamazoo Public School District, and Southside Dojo Ltd, I hereby:

- Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
- 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.
- 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 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.
- 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.
- Release, waive, discharge and covenant not to sue the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hackett Catholic Central High School, Kalamazoo Public School District, and Southside Dojo Ltd., 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 in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees 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 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 EVIDENCED BY THEIR SIGNATURE BELOW.

Participant
(please print name)

Date

Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR 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 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 extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent / Guardian
(please print name)

Date

Parent / Guardian Signature

2007 All Women's Judo Championship

Coaching, Referee, and Kata Clinics, Please complete the following form:
November 2-4, 2007

Name: _____ Address: _____

Email: _____

Age: _____ Rank: _____ Club: _____

USJA#: _____ expires: _____

USJI#: _____ expires: _____

USJF#: _____ expires: _____

Foreign NGB#: _____ expires: _____

Clinic: (COACHING) (REFEREE) (KATA) Circle all clinics that you will attend

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 of the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hackett Catholic Central High School, Kalamazoo Public School District, and Southside Dojo Ltd., 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 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hackett Catholic Central High School, Kalamazoo City School District, and the Southside Dojo Ltd., 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 in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees 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 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 EVIDENCED BY THEIR SIGNATURE BELOW.

Participant
(please print name)

Date

Participant's Signature

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINOR 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 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 extent permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent / Guardian
(please print name)

Date

Parent / Guardian Signature