

2008 All Women's Judo Championship

Hosted by: Southside Dojo Ltd.

Sanctioned by U.S.J.A: 08-037

www.SouthSideDojo.com/womens

Please join us for the 2008 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 7, 2008

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

Registration and weigh in:
7pm to 9:00pm at tournament site

Coaches and Referee clinics and certification
Start 7:00 pm – 10:00 pm at Hackett
Conducted by: **Ronda Rousey, Iris Mair**

Hackett Catholic Central HS

SATURDAY, NOVEMBER 8, 2008

WOMEN'S SHIAI AND KATA COMPETITION

Registration & Weigh in
8:00 – 9:30 am Junior, Kata, Senior and Master
Referees Meeting
Chief Referee – Iris Mair
9:00 am
Opening Ceremonies
9:30 am (followed by competition)
Coaches and Referee clinic and certification (continued) throughout Event

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

SUNDAY, NOVEMBER 9, 2008

| KATA CLINICS

Open to everyone – valid US or foreign NGB membership required

Kata Clinics
9:00 am – 1:00 pm at Southside Dojo
Conducted by **Eiko Shepherd & Frances Glaze**

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

Special Guests:

Coaches and Competitor Clinician, Ronda Rousey, Olympic Bronze, World Silver Medalist
Referee and Clinician, Iris Mair, Austria, Nat. A Referee
Kata Clinicians Sensei Eiko Shepherd Class A and Frances Glaze Class A
Chief Referee: Iris Mair, National A
Head Kata judge, Frances Glaze, Class A

REGISTRATION INFORMATION PRE REG. DEADLINE 10/24/08

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

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

Clinic registration for access to all clinics

There will be a competitor's clinic Saturday before competition at 9am. There will be a get together Saturday after the tournament at Southside Dojo. We will have a cook out, music, and dance. For those that want to keep playing, you are free to use the mats.

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
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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: Lees Inn & Suites
 Address: 2615 Fairfield Rd.
 Portage, Mi. 49002
 Phone: 269 382 6100/800 733 5337
 Mention All Women's Judo Championship

Cost:

\$69.00 All rooms
 No Limit number # per room

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

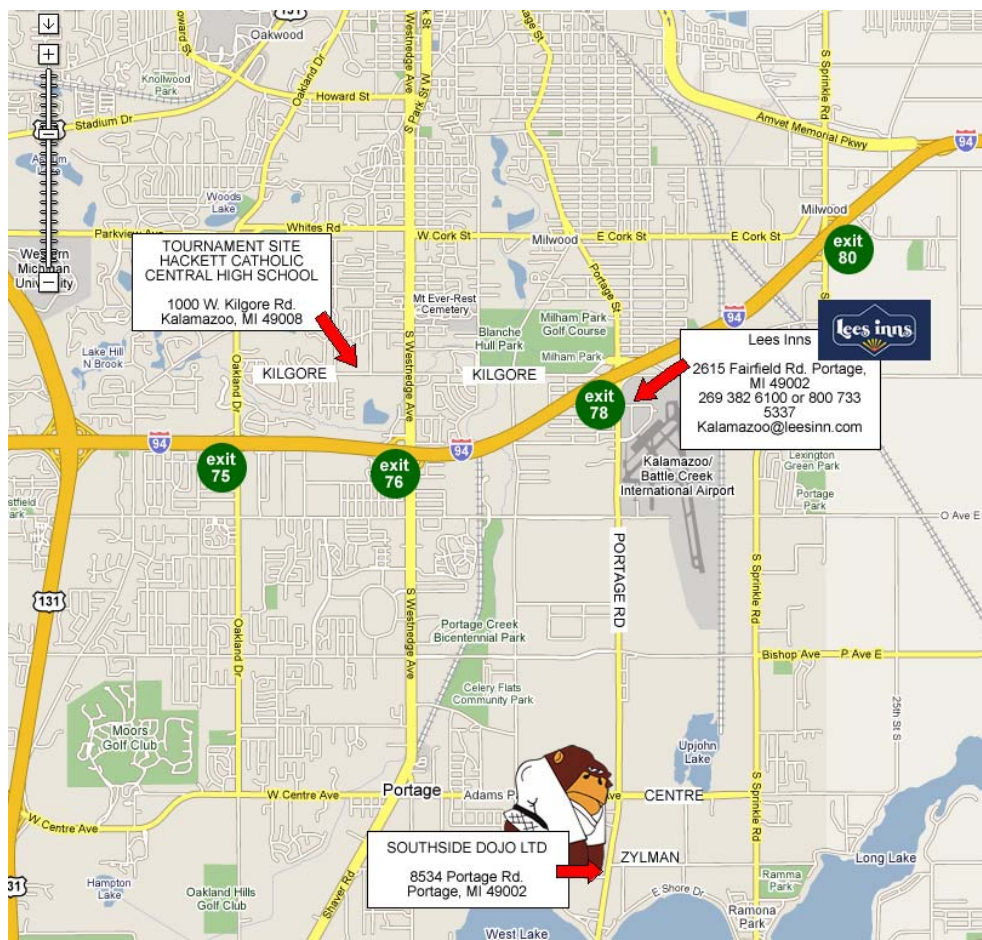
ADDRESSES

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:

PRE-REGISTRATIONS to 10/24/08	\$35.00
REGISTRATIONS ON-SITE on site or after 10/24/08	\$45.00
Additional division registration (Separate registration required for each division)	\$10.00 per
11/7- 9, 2008 Clinic fee (contestants) – Complete clinic registration form “one price all clinics”	\$10.00
11/7- 9, 2008 (non-contestants) – Complete a clinic registration form “one price all clinics”	\$40.00

TOTAL:

2008 All Women's Judo Championship

Make checks payable to
Southside Dojo Ltd.

Send entry forms to:
2008 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"/>
NGB / Registration verified?		
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 _____ Date _____ Participant's Signature _____
 (please print name)

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 _____ Date _____ Parent / Guardian Signature _____
 (please print name)

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Coaching, Referee, and Kata Clinics, Please complete the following form:
November 7-9, 2008

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!

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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

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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