

OSU Judo Club



(Judo Club C.O. Sport Clubs and Intramurals)
211 Dixon Rec. Center
Oregon State University
Corvallis, OR 97331

2011 Corvallis Judo Invitational Saturday, June 4th, 2011, 9:00 AM

Senior Competitors Only
Entry fee \$15 at the door
Weigh-Ins 9:00 AM - 10:30 AM
Team Competition starts at 11:00 AM
Individual Competition begins after Team Competition
(Seeding occurs during Team Competition)

USJA Sanctioned: Valid USJA, USJF, USJI membership required by referees and competitors,
as well as insurance.

Contact Information (Tournament Director):

Josh Bauer: joshua.baur@oregonstate.edu

Weight divisions

Men

<161 lb, <179 lb, <200 lb, 200+ lb

Women

<126 lb, <139 lb, 139+ lb

All weight division categories are subject to change. The weight divisions will be determined upon receipt of all entries.

Belt Divisions

Novice (White Belts)

Intermediate

Sankyu and Higher

All contestants must compete in their own rank and weight division prior to competing in another higher division. Only Senior Brown I kyu may compete in the Black Belt Division.

Team Competition

Five members per club.

If a team consists of less than five, it loses the corresponding points (1 pt/member).

Each competitor competes against his/her counterpart based on weight (open belt).

Decisions are made based on points.

TOURNAMENT RULES:

Current International Judo Federation (UF) contest rules with the following modifications:

Shime-waza (choking techniques) will be allowed for all.

Kansetsu-waza (joint lock techniques) will be allowed for Brown and Black belts only.

Pre-1994 UF contest rules regarding safety zone and out of bounds area.

Golden Score time limit is 3 minutes. First score wins match. Hantei decision will be called if tie remains.

Additional changes or modifications may be made to ensure the safety of participants.

Competition type will be determined by the number of competitors in each division. If there are five or less competitors round robin competition will be used. If there are more than five competitors in a division double elimination will be used.

AWARDS:

First, second and third place awards will be given in each division. Team trophies and individual ribbons will be awarded to the first place team.

Awards will be presented at the end of the tournament. Contestants will be called to trophy presentation.

Tournament location:

Oregon State University

*Dixon Recreation Center (Main, West Entrance - Registration) (Upper Basketball Court - Tournament)
425 SW 26th Street Corvallis, OR 97331*

Directions to Dixon Rec Center (from I-5):

- 1. Take exit 228 for OR-34 toward Corvallis (9.6 mi).*
- 2. Turn left at Corvallis-Newport Hwy/OR-34-BYP (13 mi).*
- 3. Turn right at SW 15th St (0.3 mi).*
- 4. Turn left at SW Washington Way (0.3 mi).*
- 5. Turn right at SW 26th St (450 ft).*
- 6. Dixon Rec Center is on your right side.*

**2011 CORVALLIS JUDO INVITATIONAL
SATURDAY JUNE 4, 2011
DIXON RECREATION CENTER
Oregon State University Campus
26th and Washington, Corvallis, OR**

THANK YOU FOR YOUR SUPPORT!!!!!!

Contestant's name:

Last	First	Middle
-------------	--------------	---------------

Address	City	State
----------------	-------------	--------------

Club name: _____

Age: _____ **Sex:** _____ **Weight:** _____ **Birth date:** _____

Rank: _____ **USJA/USJF/USJI card #:** _____ **Expiration Date:** _____

Email address: _____

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, _____, a Judo instructor who has been awarded the rank of Shodan or higher, under the auspices of the USJF, USJA, or USJI, hereby certify that, _____, although not having been awarded the rank of Shodan or higher is of sufficient aptitude and skill in Judo to compete in this tournament.

Contestant's Signature: _____ **Date:** _____

Sensei's Signature: _____ **Date:** _____

**2011 CORVALLIS JUDO INVITATIONAL
Second Entry Form**

**CERTIFICATE REGARDING A CONTESTANT MOVING UP TO ANOTHER
DIVISION**

I, _____, a Judo instructor who has been awarded the rank of Shodan or higher, under the auspices of the USJF, USJA, or USJI, hereby certify that, _____, may compete in another age division higher than his/her own with the knowledge of the rules for that specific division.

Contestant's Signature: _____ **Date:** _____

Sensei's Signature: _____ **Date:** _____

Contestant's name:

Last	First	Middle
-------------	--------------	---------------

Address	City	State
----------------	-------------	--------------

Club name: _____

Age: _____ **Sex:** _____ **Weight:** _____ **Birth date:** _____

Rank: _____ **USJA/USJF/USJI card #:** _____ **Expiration Date:** _____

Email address: _____

DIVISION IN WHICH YOU WISH TO COMPETE IN: _____

**2011 CORVALLIS JUDO INVITATIONAL
SATURDAY JUNE 4, 2011
DIXON RECREATION CENTER
Oregon State University Campus
26th and Washington, Corvallis, OR**

TEAM COMPETITION

Club name:

NAME	AGE	SEX	WEIGHT	RANK
-------------	------------	------------	---------------	-------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc.**, I agree and affirm that:

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc.**, 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

Oregon State University Assumption of Risk and Liability Waiver

I, undersigned have registered for the Department of Recreational sports [2011 CORVALLIS JUDO INVITATIONAL](#), offered by the Oregon State University Department of Recreational Sports. I understand that participation in this event involves a certain degree of risk and danger. I fully and voluntarily accept these risks. I hold Oregon State University, the Department of Recreational Sports, and all of their officers, agents, and employees harmless for any liability associated with my actions of the actions of a third party in the event that I suffer either injury, death or property damage while participating in the event. The undersigned further states that he or she does not possess any health problems or physical limitations that he/she or his/her doctor feels would restrict their active participation or the safety of others in this event. I also agree to abide by any decisions of an appointed medical official relative to my ability to safely continue or compete in the event. I further assume and will pay my own medical and emergency expenses in the event of accident, illness, or other incapacity regardless of whether I have authorized such expenses. I have read this waiver carefully, understand it and submit to the terms and conditions of the waiver, as indicated by my signature below.

Name (Printed) _____ Age _____

Signature _____ Date _____