



# 1<sup>st</sup> Annual Kagamibiraki Senior Shiai

Sponsored by Seiwakan Judojo & Obukan

Sanctioned by The USJF (#12-01-18)

Saturday, January 21<sup>st</sup>, 2012

**Chairman:** Michael Daglen

**Co-Chairman:** Will Moye

**Tournament Site:** Sellwood Community Center, 1436 SE Spokane St.,  
Portland, OR 97202

**Information:** Ryan Lee, Seiwakan Judojo [seiwakan@comcast.net](mailto:seiwakan@comcast.net)

**Shiai:** This tournament is for Ikkyu and below ages 13+ Juniors and Seniors, 4<sup>th</sup>-6<sup>th</sup> kyu (white, blue and green belts). The objective of this tournament is to give Judoka more experience with competition. We would like to especially encourage novices to participate, as this would be a very good tournament experience.

**Eligibility:** You may submit entries by email at [seiwakan@comcast.net](mailto:seiwakan@comcast.net) up to the night before the tournament (January 20<sup>th</sup>, 2012). Entries must include the information included in the entry form, and you must submit hard copies of all forms with required signatures and pay the entry fee at registration and check-in the morning of the tournament. Registration will also be available the morning of the tournament. Please use the attached forms. Open to current members of the USJA, USA Judo/USJI, or USJF. Must present current membership card.

**Cost:** \$10 entry (\$15 with a provided lunch).

**Shiai Weigh In and Registration:** 8:00AM – 9:30AM at the tournament.

**Tournament Meeting:** Officials, coaches and managers 9:00AM – 10:00AM at the tournament.

**Head Referee:** Julie Koyama

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## Tournament Rules

**Current IJF rules with the following safety modifications will govern:**

- Kansetsu waza (arm locks) and will only be allowed for nikkyu (2<sup>nd</sup> kyu) and above.
- Chokes are allowed for novices.
- Current IJF medical rules will apply to all Senior Division.

## Shiai Format

- Brackets will consist of four (4) person pools/ round robin format to maximize the number of matches for participating judoka.

### **Weight Divisions**

- Weight classes will be separated into Light, Medium and Heavy and will be determined by participants. Gender will be separate. Age categories are 13-15, 16-17, and 18 and up.

## Schedule of Events

**8AM-9:30AM:** Shiai registration and weigh in.

**Morning:** White, yellow, green and blue belts above 13 years of age shiai.

**Afternoon:** Please stay after the tournament for our 2012 Kagamibiraki celebration with speeches, kata demonstrations and lunch.

Kagamibiraki is a traditional Japanese celebration marking the beginning of the New Year. It includes judo demonstrations (kata and others), talks about judo, tradition with food and drink. Shiruko (traditional Japanese sweet bean soup), mochi (rich cakes), and libations for the New Year's toast will be provided. The rest of the meal will be a pot luck, so please bring a dish to share if possible.

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## Entry Form

Contestant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Weight: \_\_\_\_\_ Rank: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_

USJF \_\_\_\_\_ USA Judo \_\_\_\_\_ USJA \_\_\_\_\_ Canada \_\_\_\_\_ Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Entry for Shiai: Division \_\_\_\_\_ Light \_\_\_\_\_ Medium \_\_\_\_\_ Heavy \_\_\_\_\_

Total divisions entered: \_\_\_\_\_

**In consideration of your accepting this entry, I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive the release any and all rights or damages that I may have against Seiwakan Judojo and/or Obukan Judo Dojo Inc. and the member clubs, officials and members of the Northwest Yudanshakai, United States Judo Federation, USA Judo Inc. or USJA for any and all injuries suffered by me at said event.**

\_\_\_\_\_  
Signature of Contestant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18 years of age)

\_\_\_\_\_  
Date

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: \_\_\_\_\_

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## Certificate regarding non-black belt contestant

I, \_\_\_\_\_, a judo instructor who holds the judo rank of \_\_\_\_\_ (must be a Shodan or higher) under the auspices of a nationally recognized organization, who is currently registered with a national Judo Organization, hereby certify that, \_\_\_\_\_, a non black belt competitor is competent to participate in the 1<sup>st</sup> Annual Kangeiko Senior Tournament.

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Instructor's Signature

Date

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Organization

Registration

Expiration 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., Northwest Judo Yudanshakai, Inc., Seiwakan Judojo, Obukan Judo Dojo, Inc., and Sellwood Community 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., Northwest Judo Yudanshakai, Inc., Seiwakan Judojo, Obukan Judo Dojo, Inc., and Sellwood Community 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