

OSU Judo Club



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

2012 Corvallis Judo Fall Tournament **Saturday, November 10th, 2012, 9:00 AM** **Tournament Director: Joshua Baur** **Head Referee: Charles Brown**

Senior Competitors Only
Entry fee \$15 at the door, \$5 for entry in 2nd division higher than one's current rank
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 Baur: 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.

Eligibility

This tournament is open to all male and female contestants registered and in good standing with the United States Judo Federation (USJF), United States Judo, Inc. (USJI), or the United States Judo Association (USJA), and **must be eighteen years old as of November 10th 2012, or sixteen years old as of November 10th, 2012 and have parental and sensei consent.**

All contestants must present their valid USJF, USJI, or USJA membership card at the time of registration. Any contestant unable to present their valid registration card will be required to purchase a new or renew their current membership prior to acceptance of the entry form for this tournament.

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 (IJF) 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 IJF contest rules regarding safety zone and out of bounds area.

Golden Score time limit is 2 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 (1.1 mi).
3. Turn right at SW 15th St (0.3 mi).
4. Turn left at SW Washington Way (0.3 mi).
- 5a. (If you turn right on SW 26th St, Dixon Rec Center is on your right - limited parking (450 ft)).
- 5b. Turn left on SW 26th and left on SW Stadium Ave to get to a multi-story **parking structure** (210 ft).

2012 CORVALLIS JUDO FALL TOURNAMENT
SATURDAY November 10, 2012
DIXON RECREATION CENTER
Oregon State University Campus
26th and Washington, Corvallis, OR

THANK YOU FOR YOUR SUPPORT!!!!!!

Contestant's name:

Last	First	Middle
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Address	City	State
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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:** _____

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**CERTIFICATE REGARDING A CONTESTANT MOVING UP TO ANOTHER
DIVISION (2nd Entry Form)**

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: _____

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TEAM COMPETITION

Club name:

NAME	AGE	SEX	WEIGHT	RANK
_____	___	___	_____	_____
	-	-		
_____	___	___	_____	_____
	-	-		
_____	___	___	_____	_____
	-	-		
_____	___	___	_____	_____
	-	-		
_____	___	___	_____	_____
	-	-		

PLEASE PRINT:

Group:	OSU Judo Club	Date(s): November 10 th , 2012	
Event/Activity:	Fall Tournament		
List of Activities:	Judo tournament Matches		
Participant:	Name:	Age:	Sex:
	Street Address:		
	City:	State:	Zip Code:
	Home Phone:	Alternate Phone:	
OSU Dept Name:	Recreational Sports	Department Contact Info: 541-737-4083	
	Employee Name: Mitch Wiltbank	Employee Contact Info: 541-737-3566	

I am a (check one): OSU Student: () ID #: _____ Visitor/Guest: ()

Acknowledgement of Risk and Waiver of Liability

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to the above OSU Department or supervising employee. If you are under the age of 18, this form MUST be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, acknowledge that I have read the following and voluntarily agree to its terms and conditions to participate in the above listed event/activity (hereafter referred to as ACTIVITY)

I have full knowledge of the facts and circumstances surrounding the ACTIVITY described above and am voluntarily participating in this ACTIVITY, which may include actions and events that are risky and dangerous, including from which bodily injury, up to and including mortal injury, may occur. I have the physical capacity reasonably necessary to engage in ACTIVITY; however, in case of an emergency, accident or illness, I give permission to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof.

I understand the Oregon Tort Claims Act (ORS 30.260 to 30.300) permits the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its officers, employees, and agents (hereafter referred to as UNIVERSITY) to accept responsibility only for the negligent acts of UNIVERSITY. UNIVERSITY is prohibited from accepting any liability for the acts, omissions and conduct of person participating in activities. I will indemnify and hold UNIVERSITY harmless with respect to any and all claims, injuries, and costs associated with participation in this ACTIVITY. I recognize and acknowledge that I am not an agent or employee of the UNIVERSITY, that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the UNIVERSITY in any way.

I will assume all responsibility and risks associated with my participation, including all risk of property damage and injury to others and to myself, regardless if occurring before, during or after the period of the ACTIVITY. I agree to comply with all of the rules and conditions of participating in the ACTIVITY, including UNIVERSITY Rules and Regulations and applicable laws or rules where the ACTIVITY is occurring.

I recognize and acknowledge that UNIVERSITY may record my participation and appearance in ACTIVITY on any recorded medium (including, but not limited to video, audio, photos) for use in any form (including, but not limited to print, websites, blogs, internet). I authorize such recording and release UNIVERSITY to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or part without restrictions or limitations for any educational or promotional purpose. I further release UNIVERSITY to use material from blogs associated with ACTIVITY without restrictions or limitations for any educational or promotional purpose.

I am aware that if I provide a vehicle not owned and operated by UNIVERSITY for transportation to, at, or from the ACTIVITY, or if I am a passenger in such vehicle, UNIVERSITY is not responsible for any damage caused by or arising from such transportation. I understand that I will be expected to accept full responsibility and liability for myself and my passengers and that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed.

By signing below, I hereby acknowledge that I have read this document in its entirety, understand it, and sign it voluntarily, that I am of legal age and that I agree to the terms and conditions listed above.

DATE _____ SIGNATURE _____

Participants who are not 18 years of age or older must sign above, and obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and co-guardian or any other person who claims the participant as a dependent, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, agree to all terms and conditions herein, and give my consent for participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary.

DATE _____ SIGNATURE _____