



Dragon's Challenge

"A Friendly Little Judo Tournament"

Saturday, August 26, 2017



*** Congress Middle School ***

101 S Congress Ave., Boynton Beach, FL 33426

Go 1 mile west of I-95 on Boynton Bch. Blvd.; turn left (south) on Congress Ave. go 1 block to light, school will be on your right.

\$50.00 Registration

If received before Tuesday, 8/22/17

\$65 Late Registration

If received after Tuesday, 8/22/17

Registration cut off 5P Friday 8/25/17

(\$25 for extra divisions)

No Weigh-ins or Registrations

will be done at the tournament site!

Pairings posted: 9A - Rules Meeting: 9:30A - Coaches welcome

Competition starts at 10A

Awards: 1st, 2nd, 3rd, & Participation Medals

1st, 2nd & 3rd Place Overall Club Trophies

Rules: IJF (modified), No blue gi required, Double Elimination

USA Judo rules & times apply for Cadets & IJF Juniors

Matches: 3 min. Youths & Masters, 4 min. Seniors, 2 min. Ne Waza

Tournament director reserves the right to make changes as needed

Divisions: Standard USA Judo Ages & Weights

Youth - 2 yr increments (Light, Med. Heavy)

Kata Competition - Junior & Senior: Mixed OK

Ne Waza (Grappling) Divisions



Attention Club Coaches!

Ask about club Di\$count\$!

Sponsored by the Palm Beach County Sports Commission

Director: Mike Szrejter - voice/fax (561)-496-7000 or 738-7704 cell 704-3414

Website - www.JudoUS.com

Email - mikesz@bellsouth.net

Tomodachi Judo Event – Official Entry Form

Event Name

Event Date

Contestant Last Name (please print!)

First

MI

Cash \$ _____

Check # _____

Weight (kg) _____

Belt color/ Rank

Birth Date

Age

Club Name

Male

Female

Division to compete in

Shiai

Master Division (30 yrs and older)

Ne Waza (Grappling)

Senior Division

2nd Division

Youth Division (under 17yrs)

Membership Information:

USA Judo

USJA

USJF

Other organization: _____

Membership #: _____

Expiration Date: _____

Contestant must provide proof of current membership or copy of application for new/renewal of membership!

Personal Information:

Street Address

Email

City

State Zip

Telephone

Parent/Guardians Contact Info

Coach

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against the Tomodachi Judo Club and all other participants and this events officials and employees, representatives or assignees, including United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., City of Boca Raton & Greater Boca Raton Park District, City of Boynton Beach, Boynton Beach Parks and Recreation, City of Delray Beach, Delray Beach Police Department, Congress Middle School, Atlantic High School and Palm Beach County School Board for damages or injuries which may be suffered by me as a result of attending, participating in, practicing for or traveling to or from this event.

I hereby authorize the following named person(s) _____ to act in my behalf in any an all matters requiring parental consent for my child (contestant named above if under 18 years of age) during the period of this event. This authorization includes rendering and accepting any and all official medical care and well being of my child during the period of this event.

Contestant's Signature (minor and adult)

Date

Parent/Guardian's Signature (for contestants under 18 years old)

Date

Please make checks payable to:

Tomodachi Judo

2534 SW 12 Street, Boynton Beach, Fl 33426

Waiver on reverse side must also be completed!

Entry form on reverse side must also be completed!

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 any judo tournament, practice, clinic, and related events and activities of the United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., Congress Middle School, Atlantic High School, Palm Beach County School Board, City of Boca Raton & Greater Boca Raton Park District, City of Delray Beach, Delray Beach Police Department, City of Boynton Beach, Boynton Beach Parks & Recreation, Florida Judo Association, and Tomodachi Judo Club,

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 to not only my own actions, in-actions, or negligence, but also to the actions, in-actions, 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, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., Congress Middle, Atlantic High, Palm Beach County School Board, City of Boca Raton & Greater Boca Raton Park District, City of Delray Beach, Delray Beach Police Department, City of Boynton Beach, Boynton Beach Parks & Recreation, Florida Judo Association, and Tomodachi Judo Club, 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 to conduct the event, all of whom are hereinafter referred to as "Releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee 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 RISK 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's Printed Name

Participant's Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY 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's Printed Name

Parent/Guardian's Signature

Tomodachi Judo Club Credit Card Charge Request

If you wish to use your Credit Card for a Payment or Donation to Tomodachi, please complete the following information and enclose with your application form(s):

Name: _____

Address: _____

Billing Zip Code Needed: _____

Telephone #: _____

Credit Card (circle one): MasterCard ----VISA ----Discover ----American Express

Credit Card #					\					\					\				
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Credit Card Expiration			CVV Code
	(Month)	(Year)	

Name as it appears on Credit Card (please print):

Amount: \$ _____

5% handling fee: \$ _____

Amount authorized to charge: \$ _____

Signature: _____ Date: _____

Memo: _____

Tomodachi Judo Club

Fax: 561-496-7000

Email: mikesz@bellsouth.net