

SOMERSET JUDO WINTER Challenge
JANUARY 20, 2007

**Pembroke Pines Charter High School
17189 Sheridan St, Pembroke Pines, Fl.**

From I-75 take Sheridan Street west to approximately 170th Street. School is on north side (right). This is a Charter High School/Broward County Library Complex.

Weigh-in: 7 – 8:30 PM 1/19/06

8 - 9:30 AM 1/20/06

Novice: Youth White & Yellow division
Senior White to Green

Youth Competition: 11 AM Start Time

Senior Competition: 2PM - Weigh-in: till 12 noon

Masters Competition: 2PM – Weigh-in: till 12 noon

Age Divisions start at 30, with 10 year increments

Divisions: 5, 6, 7-8, 9-10, 11-12, 13-14, 15-16 (By entry)

RULES:IJF (Modified), No blue gi required, Double Elimination. Matches: 3 minutes Youth & Masters, 5 minutes Seniors. No Shime Waza allowed under 13 No Kansetsu Waza under 17

Tournament Director reserves the right to make changes as needed

Eligibility: Current USA Judo JF or JA Member **Sanction:** FJI 0001-07

Awards 1st, 2nd, 3rd Trophies for Jr Novice & Regular Divisions
4th & 5th place Medals to Jr Novice & Regular Division
1st, 2nd, 3rd Medals for Sr and Masters
Grant \$250.00 to Most Outstanding Judoka
1st, 2nd, 3rd Overall Club Trophies for Novice Division
1st, 2nd, 3rd Overall Club Trophies for Regular Division

\$40.00 Pre-registration Fee if rec'd before 1/15/07, Second Division

\$20.00, 3rd Division Free Or Walk-up \$50.00

Contact: Gerry Navarro (786-402-3627) Gerry.navarro@aol.com or Fla Judo Website for pkg. Make checks payable to Somerset Judo Club



SOMERSET JUDO WINTER Challenge application

Make Checks Payable to: Somerset Judo Club

Mail entry and waiver to: Gerry Navarro
16131 NW 12 Street, Pembroke Pines, Florida 33028

No phone entry, no e-mail, no fax entry, NO REFUNDS
No personal checks will be accepted for On-Site Late Registration, Cash Only

Athlete's Name _____ Date of Birth _____

Address: _____ City _____ State _____ Zip _____

Club: _____ Phone: _____

Card # (USJF,USJA,USJI) _____ Age _____ Belt _____ Sex _____
(Circle One)

**YOU MUST SHOW YOUR CARD AT WEIGH-IN, NO EXCEPTIONS! A COPY OF YOUR CARD
MUST BE SUBMITTED WITH YOUR APPLICATION.**

CATEGORY (Check all that applies)

Novice: Girls 5-6 7-8 9-10 11-12 13-14 15-16

Novice: Boys 5-6 7-8 9-10 11-12 13-14 15-16

Girls: 5-6 7-8 9-10 11-12 13-14 15-16

Boys: 5-6 7-8 9-10 11-12 13-14 15-16

Senior Men: White-Green Belt Brown- Black Belt

Senior Women: White-Green Belt Brown- Black Belt

Masters Men: All ranks Masters Women: All ranks

Approximate Weight:

**It is mandatory that all non-black belts competing in Brown/Black Belt Divisions,
Masters, and Sr. Female division's complete certification below:**

I , a Judo Instructor, who has been awarded
the Judo rank or Shodan or higher, under the auspices of United States Judo Inc,
United States Judo Association, and /or United States Judo Federation, hereby certify
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 Somerset Winter
Challenge.

**A Copy of my rank certificate, or my USJI membership card having the symbol "V"
printed following my rank, is attached.**

Signature of Judo Instructor

Rank

DIVISION CHANGE AUTHORIZATION

In the event that my child, _____, a minor, is the only entry in their division, or if my child wishes to compete in another division, I authorize the following option(s) in order to change my child's competitive division. I understand that if my child is less than 13 years old, and moves up into a 13 – 14 year division, he / she may be choked to submission. I understand that if my child is less than 17 years old, and moves up into a Youth / Senior division, he / she may be joint locked to the elbow to submission. I understand these added risks and acknowledge that I have discussed these with my child and my child is familiar with submission protocol which can minimize, though not eliminate, the risks involved.

Note: Failure to check an option will result in the assumption that #4 was implied and therefore will be in effect if required.

Please check ***all*** that you authorize:

_____ 1. I authorize that my child may move up one weight group, up to a 15% weight differential, within the same age _____ group.

_____ 2. I authorize that my child may move up one age group and will be separated according to the entries in that group.

_____ 3. I authorize that my child may move up from the novice group to the advance group within their age / weight group.

_____ 4. I do not authorize my child to move up in weight division, age group, or experience level. I understand then that if my child has no one else in their division they will receive an automatic 1st place award without competing.

Parent / Guardian's Printed Name

Parent / Guardian's Signature

____/____/____
Date

POWER OF ATTORNEY

If contestant is under the age of 18, this document must be completed by the contestant's parent or legal guardian, if the parent is not attending the Somerset Winter Challenge.

I certify that I am the parent or legal guardian of _____, a minor. I will not be in attendance at the

Name of Competitor

2007 Somerset Winter Challenge Judo Championships and do hereby designate _____, who is over 21 years of age, to be my

Name of Designee

true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

Parent / Guardian's Printed Name

Parent / Guardian's Signature

____/____/____
Date