



Florida State Judo Yudanshakai State Championship November 11, 2006

- Date: Saturday November 11, 2006
- Time: 9:30am Line up & 10:00am Start
- Location: Miami Christian School
200 NW 109th Ave.
Miami, FL 33173
- Entry Fee: \$50.00 1st division / \$25.00 second division pre-registered
\$75.00 1st division / \$50.00 second division late registration
All fees are non-refundable
- Pre-registration: All forms and the appropriate fees must be
Received no later than November 1, 2006
To: A Kolychkin Judo Foundation, 4010 SW 98 Ave, Miami, FL 33165
305-225-0047 305 553-4066
- Make fees payable to: **FLORIDA STATE JUDO YUDANSHAKAI (FSJY)**
- Division: Juniors, Seniors and Masters
Male and Female Divisions
Novice and Advanced Divisions
Novice Division- White/Yellow Belts for Junior and White/Green Belts for Seniors
Advanced Division- Orange belt and above for Juniors and Brown/Black Belt for Seniors
- Tournament Director: Ricardo Menendez
- Head Referee: Hector Estevez
- Coach and Referee Meeting will be held at Miami Christian School from 8:30-9:30 am
- Weigh-ins: 4:00PM. – 9:00PM (Friday, November 10, 2006) at A.Kolychkin Judo Foundation
8:00AM - 9:00AM (Saturday November 11, 2006) at Miami Christian School.
- Rules: Current I J F Contest Rules will be used with the following modifications:
1- All Junior and Masters Matches will be 3 Minutes and 5 minutes for Seniors.
2- No shime –waza below age 13 and no Kansetsu-waza Below age 17
3- Pre 2003 Medical Rules will apply to all contestants
4- Golden Score will be in effect
- Sanctioned By: USJF Sanction # 06-11-10
- Sponsored by: ***A Kolychkin Judo Foundation & Florida State Judo Yudanshakai***
- Eligibility: Open to all USJI, USJF or USJA members. (You must show your card at registration)

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**Novice / Advanced
Junior / Senior
Male / Female**

OFFICIAL ENTRY FORM

Last Name **First Name** **M.I.**

Date of Birth **Age** **Sex** **Weight**

Home Phone **E-mail**

Address

City **State** **Zip Code**

Judo Rank **Judo Club**

Judo Instructor Name **Judo Instructor Rank**

Judo Instructor Coach Certification **Judo Instructor Teacher Certification**

USJI Card Number & EXPIRATION Date **USJF Card Number & EXPIRATION. Date** **USJA Card Number & EXPIRATION Date**

EMERGENCY CONTACT

Name

Relation **Phone Number**

DIVISIONS

Bantam 1 (Born 2000) Bantam 2 (Born 1999) Bantam 3 (Born 1998)
Intermediate 1 (Born 1996-1997) Intermediate 2 (Born 1994-1995)
Juvenile A (Born 1992-1993) Juvenile B (Born 1990-1991) Juvenile C (Born 1987-1989)
Senior Women IJF Weight Classes 44 kg, 48 kg, 52 kg, 57 kg, 63 kg, 70 kg, 78 kg, +78kg
Senior Men IJF Weight Classes -55 kg, 60 kg, 66 kg, 73 kg, 81 kg, 90 kg, 100 kg, +100kg
Masters men and women Division Light, Medium and Heavy weight classes 30-39, 40-49, 50+

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CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, _____, a Judo instructor, who has been awarded the Judo rank of _____
Name of Judo Instructor

Shodan or higher, under the auspices of the United States Judo, Inc. United States Judo Federation, Inc. or The United States Judo Association, Inc. here by certify that _____
Name of contestant

Although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this novice only tournament.

A copy of my proof of rank (Rank Certificate or my membership card having the current Judo rank is attached).

Signature of Judo Instructor

POWER OF ATTORNEY

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

I certify that I am the parent or legal guardian of _____,
Name of contestant
a minor. I will not be in attendance at the Tournament and do hereby designate

_____, who is over 21 years of age, to be my true and lawful
Name of Designee

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.

Printed Name of Parent or Legal Guardian

Signature

Date

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Medical Release and Consent to the Treatment of a Minor (Under the age of 18)

Contestant's Name: _____ Date of Birth: _____

Address: _____
Street

_____ City _____ State _____ Zip Code

Parent or Guardian's Name: _____ Phone Number: _____

In emergency, Parent/Guardian of _____, a minor, do hereby authorize the organizers and officials of the F.S.J.Y .State Championship, its tournament director(s), referee director and any and all promoters, officers, staff, referees, tournament workers and volunteers of the championships, as agent(s) for the undersigned to consent any X-ray examination, anesthetic, medical, or surgical diagnosis, or treatment and hospital care which is deemed advisable and is to be rendered under the general or specific supervision of any physicians and/or surgeon, licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
PLEASE INITIAL: _____

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may seem advisable.
PLEASE INITIAL: _____

It is understood that the Parent/Guardian of _____ are responsible for all cost that is incurred as a result of diagnosis, treatment or hospital care while traveling to or competing in this tournament. It is also understood that the tournament's agents will contact the Parent/Guardian in the first opportunity available, but will have the welfare of the injured minor as a first priority. In the event that the Parent/Guardian are unable to make the decision concerning the need of medical diagnosis, treatment or hospital care, either a tournament official or, in the event of a life and death threatening situation, a proper authority (police, fire rescue, medical personnel, etc.) will be authorized to give consent for diagnosis, treatment or hospital care.
PLEASE INITIAL: _____

This authorization is given pursuant to provision of the Civil Code of the state wherein This Tournament is being held and shall remain in effect for the duration of this tournament only. This authorization may be revoked in writing and delivered to said agents, or in person by the Parent/Guardian of the minor participant.
PLEASE INITIAL: _____

The undersigned has carefully read and voluntarily signed the Medical Release and Consent to the Treatment of a Minor Form, and further agrees that no oral representations, statements, or inducements apart from the foregoing written have been made; and that the under signed understands that this contract constitutes a Medical Release and Consent to the Treatment of a Minor Form.
PLEASE INITIAL: _____

Name of Parent/Guardian of Minor Participant

Signature of Parent/Guardian of Minor Participant

Date

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IMPORTANT INFORMATION FOR CLUB LEADERS

Representatives from Bank Atlantic will be present and will be giving \$5.00 to each child who opens an account as well as the Bank Atlantic mascot for the kids to enjoy.

There will be a concession stand open with foods and beverages. No Food or Drinks will be Allowed in the Gym.

Coaches / Sensei's will bring or mail all completed registration form to:

A Kolychkin Judo Foundation 4010 SW 98 Ave, Miami, Florida
305-225-0047 305-553-4066

No Later than: November 1, 2006.

Make fees payable to: FLORIDA STATE JUDO YUDANSHAKAI

**Pre Registration weigh-ins will be held at A. Kolychkin Judo Foundation
Friday November 10, 2006 at 4:00-9:00pm**

**Late registration weigh-ins on Saturday November 11, 2006 at
Miami Christian School from 8:00-9:00 am.**

Coach's credentials: Credentials will be provided to two coaches per team.
Coaches must register during the check-in and must be certified(USJF, JI, or JA).

Awards: Individual division medals will be presented to the **1st, 2nd and 2-3rd place winners.**
Team Trophies will be presented to 1st, 2nd and 3rd Places teams.

Blue Gi's are not required, but it is the responsibility of each competitor to bring a Blue and White Belt.

Weight Class Guide:

Bantam 1 (Born 2000)
Female and Male
19kg,23kg,28kg,+28kg

Bantam 2 (Born 1999)
Female and Male
21kg, 25kg, 30kg, +30kg

Bantam 3 (Born 1998)
Female and Male
23kg, 27kg, 31kg, 35kg, +35kg

Intermediate 1 (Born 1996-1997)
Female and Male
26kg, 30kg, 34kg, 38kg, 43kg, +43kg

Intermediate 2 (Born 1994-1995)
Female and Male
28kg, 31kg, 34kg, 38kg, 42kg, 48kg, 53kg, +53kg

Juvenile A (Born 1992-1993)
Female and Male
36kg, 40kg, 44kg, 48kg, 53kg, 58kg, 64kg, +64kg

Juvenile B (Born 1990-1991)
Female 40kg, 44kg, 48kg, 52kg, 57kg, 63kg, 70kg, +70kg
Male 51kg, 55kg, 60kg, 66kg, 73kg, 81kg, 90kg, +90kg

Juvenile C (Born 1987-1989)
Female 44kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg
Male 55kg, 60kg, 66kg, 73kg, 81kg, 90kg, 100kg, +100kg

Senior Men and Women will use IJF weight classes and Masters Divisions will be Light Medium and Heavy

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 of the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Florida State Yudanshakai, A. Kolychkine Judo Foundation, Inc., and Miami Christian School**, 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Florida State Yudanshakai, A. Kolychkine Judo Foundation, Inc., and Miami Christian School**, 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 in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees 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 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant

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

Parent/Guardian's Signature

Date