<u>Circle/check your Division:</u> Coed: 5-6 7-8		Tournamen	Tournament Committee Use Only:			
Female: 9-10 11-12 13-16	Women's Open Sr Newaza Masters	Rec'd: F	Rec'd: Pd: Owes:		veight	
Male: 9-12 13-16 Sr Nov	v (<2K) Sr Adv Sr Newaza Masters					
Your <u>Jr.</u> Belt Color: White Ye	llow Orange Green Blue Purple	Divs: 1	2 3 Adv.			
Your <u>Sr.</u> Rank: 6Kyu 5K	4K 3K 2K 1K 1D 2D 3Dan+		Weight 1			
2nd Division: Up to Adv. Bracke (complete a separate form)	t Up 1 Age bracket Up 1 Weight bracket		- Troigin			
REGISTRATION FORM USJF SANCTION # 17-11-08						
TOHOKU JUDO CLUB'S 36 th ANNUAL CHARLES A. CHAVES MEMORIAL TOURNAMENT and Rokushu Yudanshakai Senior Promotional Tournament SUNDAY, NOVEMBER 12, 2017 ST. JOHN'S PREP SCHOOL, 72 Spring St., Danvers, MA						
Instructions:						
Complete one Registration Form for each division you	Contestant's <u>Last Name</u> :	<u>First</u> Name:	<u>rst</u> Name: Middle Na		me:	
are playing.	Address:	City		State:	Zip:	
2) Fill in your Membership Card number and expiration date. Send a copy of your card with your Registration Form(s).						
	Email address: (for a receipt of registration)	Telephone # (Da	elephone # (Day/Wireless)		Years/Months Playing Judo	
3) Go to the Top-Left Corner of this Registration Form.	Judo Club:	Birth Date (MM/DD/YYYY)	Age (on 11/12/17)	Rank:	Approx. Weight	
circle r check the division and age group in which you	Judo Membership Card Number: (send copy)	Expires: (MM/DD/YYYY)	USJF	USJI	USJA	
are competing. Circle your rank or belt color(s).		(,22,,				
You may compete in a second division by moving	Type of assistance/accommodation requested a	Type of assistance/accommodation requested and/or person assisting: Vision Hearing Loss/Blindness Loss/Deafne				
up to a higher weight, age or			I Division shair		-	
auvanced bracket. Fill out a	separate Registration Form, circle 2 nd Division a	and one of the Z ⁱⁱⁱ	CHOIC HOICE	Jes.		
5) Sign the Waiver and Release	of Liability (Parents must also sign if the compe	etitor is under age	18)			
6) A Sensei or Instructor must s	sign the <u>Certificate Regarding Non-Black Belt Co</u>	ntestants below				
7) Mail this <u>Registration Form</u> w	rith a copy of your <u>Judo Membership Card</u> and t	he Registration F e	ee (Payable to	Tohoku Judo	o) to:	
Chaves Tournament Commi 10 Burnside Ave., Somervill	•	gistration, \$50 -up registratio				
	Certificate Regarding Non-Black Be	elt Contestants				
l, (Instructor)	a Judo	Instructor, who	has been aw	arded the	Judo rank	
<u> </u>	under the auspices of the USJI, USJF, USJ	A or Judo Cana	da, (<i>circle on</i>	e) hereby o	ertify that,	
(contestant)	althoug	h not having be	en awarded t	he Judo ra	nk	
of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this competition.						

Rank

Date

Signature of Instructor

WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

(Including Limited Co-Ed Competition for Age 10 and Under for USJF Sanction)

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., Rokushu Judo Yudanshakai, Inc., Tohoku Judo Club, St. John's Prep School, any Medical & Emergency Services Company and Individuals, and the City of Danvers, Massachusetts, I agree:

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.

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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., Rokushu Judo Yudanshakai, Inc., Tohoku Judo Club, St. John's Prep School, any Medical & Emergency Services Company and Individuals, and the City of Danvers, Massachusetts, 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. CONSISTENT WITH THE BY-LAWS OF USJF, THIS TOURNAMENT MAY INCLUDE CO-ED COMPETITION FOR AGES 10 AND UNDER IN COMPARABLE AGE/WEIGHT DIVISIONS WHERE THERE IS AN INSUFFICIENT NUMBER OF GIRLS FOR NON-CO-ED AGE/WEIGHT DIVISIONS. I HAVE READ AND UNDERSTAND THE TOURNAMENT ANNOUNCEMENT CONCERNING THESE SPECIAL DIVISIONS. 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.

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 PARE	NTS/LEGAL GUARDIANS OF PARTICIPANTS OF M				
	(UNDER AGE 18 AT TIME OF REGISTRATION))			
	/legal guardian with legal responsibility for this partic				
release, as provided above, of a	ll the Releasees, and, for myself, my heirs, assigns, ar	nd next of kin, I release and agree to			
ndemnify and hold harmless t	he Releasees from any and all liabilities incident to	o my minor child's involvement of			
participation including litigation	expenses, attorney fees, loss, liability, damage or cost	s which may incur as the result of the			
ninor child's participation in th	ese programs as provided above, even if arising from	their negligence, to the fullest exten			
permitted by law. I have instruct	ted the minor participant as to the above warnings and	conditions and their ramifications.			