

Hosted by the **Riverside Youth Judo Club**

USJA Sanctioned National Tournament - #17-002

| | | |
|--------------------|---|---|
| DATE | SATURDAY March 25th, 2017 | <p align="center">For Questions and Concerns Please Contact Brian Money (951) 961-1570 Bmoney@riversideca.gov</p> |
| LOCATION | Ramona High School 7675 Magnolia Avenue Riverside, CA 92504 | |
| ELIGIBILITY | <p>This Tournament is open to All Developmentally Disabled Competitors. Developmental Disabilities include (but are not limited to) Autism Spectrum Disorder, Cerebral Palsy, Downs Syndrome, CHARGE Syndrome, Intellectual Disability, Dystonia, and Tuberous Sclerosis. Contestants must be a current member of USJA, USJF, or USJI (USA Judo) with proof of membership.</p> | |
| ENTRY FEE | <p>THIS IS A FREE NATIONAL TOURNAMENT FOR THE ATHLETES! It will cost the Riverside Youth Judo Club \$30 for each player to participate. Donations are appreciated and tax deductible. Checks, Cash, or Credit Cards are accepted. Checks can be made payable to "The Riverside Police Foundation."</p> | |
| AWARDS | <p>First, Second, and Third Place Trophies shall be awarded in each division.</p> | |

REGISTRATION and WEIGH-IN Times

| | | |
|--------------------------------|----------|---------------------|
| Registration and Weigh-ins | All Ages | 7:30 AM to 9:00 AM |
| Warm-ups and Level Evaluations | All Ages | 9:00 AM to 10:00 AM |

Referee and Coaches Meeting at 8:30 AM. Wristbands will be provided to certified coaches.

Opening Ceremonies at 10:00 AM. Tournament begins at 10:30 AM Sharp!

Volunteer competitors will be available for Higher Special Needs competitors or any Special Needs player who is without an equally matched opponent.

MAIL COMPLETED APPLICATIONS, Copy of Membership Card, and DONATIONS to:

Detective Brian Money
10540 Magnolia Ave #B
Riverside, CA 92505

2017 USJA / USJF Grassroots Judo™ Special Needs Championships hosted by Riverside Judo

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Contest Rules:

Current International Special Olympics Judo rules will be used with the following modifications – please review the rules at:

http://media.specialolympics.org/soi/files/resources/Sports-Rules-competitions/SportsRules/Judo_Rules_FINAL-March2014.pdf

- **The Contest Area** is 8 x 8 meters with 4 meter safety area between competition areas and 3 meter outside borders.
- **The “CARE System” will not be used.** Three referees will be on the mat.
- **In all situations in which the rules do not specifically determine**, but where the referee is of the opinion that the safety of one or both of the athletes is at stake, the referee will stop/suspend the contest immediately and take those measures he/she deems necessary. Hereby he/she is entitled to take punitive action by taking into account the intention of the action.
- **If an athlete needs assistance entering onto the mat area** of the competition, the coach is allowed to give assistance with the help of a referee. (Note: No person shall be allowed onto the matted area without the referee’s permission.)
- **Shime-waza** (Choking Techniques), **Kansetsu-waza** (Arm lock techniques), and **Sutemi-waza** (Sacrifice techniques) **WILL NOT BE PERMITTED FOR ANY SPECIAL NEEDS MATCH**
- **“Over Head” or “Around the Neck” gripping** such as Koshi Guruma or Kesa Gatame will not be allowed. The player will receive a **Shido (if applicable within the category)**, along with referee’s explanation of the penalty.
- **No Intentional Double knee drop techniques** (e.g. double knee Seoi-Nage) **Any intentional violation will result in Shido (if applicable within the category)** along with referee’s explanation of the penalty.
- **No Kanibasami** (Flying Scissors) and no **Kawazu Gake** (Leg Entanglement Throw).
- **Leg Grabs** – Violations will receive a **Shido (if applicable within the category)** along with referee’s explanation of the penalty.
- **Pre 2003 Medical Rules** will be observed in all Divisions except Seinen Brown and Black Belt Divisions. Referee will use the **Current IJF medical rules for Brown/Black division**. Referee can call medic in Yonen and Shonen division at the discretion of the referee and safety of the players and the sport of Judo.
- Any competitor who **suffers a concussion or who loses consciousness** from head impact will not be permitted to continue competing during this event. Medical Staff will evaluate the player and make the medical determination.
- **Contest time is 3 minutes** and if needed a **“Golden Score”** of one minute will be used. A “Hiki-wake” will be awarded if scored remains tied after one minute Golden Score.

White Judo Gis are Mandatory for all competitors. Blue Judo Gis are optional and can only be worn on the Blue Side

Competitors should bring their own Blue and White belts for the Competition.

SPECIAL NEEDS COMPETITORS RULES

All Special Needs Players competing in Special Needs Categories will follow **International Special Olympics Judo Rules** – The rules may be reviewed as listed at the top of this page. These rules will be reviewed during the Referee and Coaches Meeting. Levels will be determined at the venue - based on special needs categorizations.

The Tournament Director reserves the right to make any necessary changes in the best interest of the competition and contestants.

Tournament Director: Brian Money (951) 961-1570 Bmoney@riversideca.gov

Assistant Tournament Director: Pedro Villa, BCBA (626) 353-8933 Pvilla80@hotmail.com

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COMPETITION DIVISIONS

Divisions may be combined based on number of available competitors

BOYS & GIRLS (16 and Under)

White/Yellow
Orange/Green
Blue/Purple
Brown/Black

| Age | Weight Divisions | | |
|-------|------------------|----|----|
| 5-6 | LW | MW | HW |
| 7-8 | LW | MW | HW |
| 9-10 | LW | MW | HW |
| 11-12 | LW | MW | HW |
| 13-14 | LW | MW | HW |
| 15-16 | LW | MW | HW |

MENS & WOMENS NOVICE DIVISION (17 and Over) – No Brown or Black Belts

White/Yellow
Orange/Green

| | | |
|----|----|----|
| LW | MW | HW |
|----|----|----|

MENS & WOMENS SENIOR BROWN and BLACK BELT

| | | | | |
|----|-----|----|-----|----|
| LW | LMW | MW | MHW | HW |
|----|-----|----|-----|----|

MENS & WOMENS MASTERS DIVISION (30 and Over)

White/Yellow
Orange/Green
Brown/Black

| | | |
|----|----|----|
| LW | MW | HW |
|----|----|----|

10% Weight Rule in effect – Any player with a weight greater than 10% of her competitors will not be placed in the category unless all competitors in the category agree.

Special Needs categories will be determined at the event based on those competitors who attend. Age and Weight categories will be used with players of similar competitive abilities. Volunteer competitors will be available for Higher Special Needs competitors or any Special Needs player who is without an equally matched opponent.

DIVISIONS MAY BE COMBINED or ADDED AT THE DISCRETION OF THE TOURNAMENT DIRECTORS. COACHES WILL BE NOTIFIED IN THESE CIRCUMSTANCES.

TOURNAMENT TSHIRT – FREE to all Special Needs Competitors (\$20 to Purchase at event)

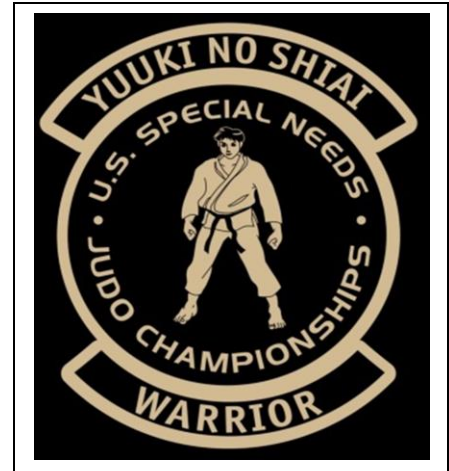


Youth T-Shirts

Youth Small _____

Youth Medium _____

Youth Large _____



Adult T-Shirts

X-Small _____

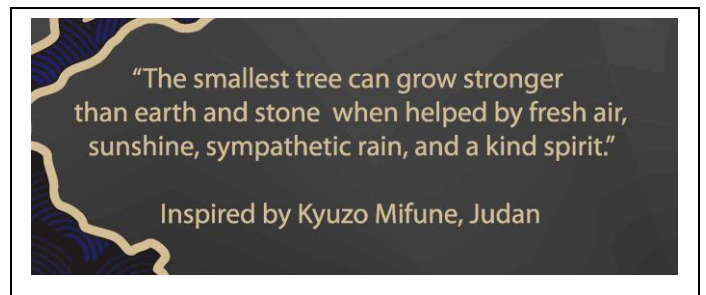
Small _____

Medium _____

Large _____

X-Large _____

2X-Large _____



2017 USJA / USJF Grassroots Judo™ Special Needs Championships hosted by Riverside Judo

USJA National Sanction #17-002 --- OFFICIAL ENTRY FORM

Officials Complete This Section

| | | | | | | |
|---------------------|-----------------|-----------------|-----|----------|-------------------|-----------------------------|
| GENDER M___ F___ | OFFICIAL WEIGHT | WEIGHT DIVISION | Age | Category | OFFICIAL INITIALS | PAID CK___ Cash___ CC___ |
|---------------------|-----------------|-----------------|-----|----------|-------------------|-----------------------------|

All Competitors Must Complete This Section

| | | | |
|------------|----------------------------|----------------------------|-----------------------------------|
| Name | Last | First | M.I. |
| Address | Street | City | State/Zip |
| Contact | Home Phone | Cell/Emergency | Email |
| Rank | Color of Belt | Kyu (Brown Belt) | Dan (Black Belt) |
| Membership | USJA# | USJF# | USJI (USA Judo)# |
| | Membership Expiration Date | Membership Expiration Date | Membership Expiration Date |
| Bio Data | Date of Birth | Age (Day of Event) | Gender Male _____ Female _____ |
| Club | Name | Instructor's Name | T-Shirt Size _____ |

The warning waiver and release of liability and agreement to participate, which appears part of this official entry form, must be duly signed and turned in by all contestants prior to the start competition.

LIABILITY RELEASE (For Contestants under 18 years of age)

I authorize the following person(s) _____ to act in my behalf in any and all matters requiring parental consent for my child during the 2017 "U.S. Special Needs Judo Championships" (Hosted by Riverside Youth Judo Club P.A.L.) or travel to and from it. I agree to accept all financial obligations incurred as a result of any medical assistance, hospitalization and related expenses provided to my child. If an act of vandalism causing damage to personal or real property associated or related in any way to this tournament occurs, those involved will be dismissed from competition. The participant or parent(s) of a minor involved agree to indemnify and pay for all such losses and damages.

Signed (Contestant) - 17 and under must sign Date Signed (Parent/Guardian) Date

(Must be signed by Contestant and Parent/Guardian if under 18 years old.)

Disability or Special Assistance

If assistance/accommodation is needed (check off appropriate item):

____ Vision Loss/Blindness _____ Hearing Loss/Deafness _____ Other: Specify _____

Please specify the type of assistance/accommodation requested or name of person assisting:

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Consent for Age and/or Weight Change and/or Higher Rank Division

Contestants under 18 years of age (REQUIRED OF ALL COMPETITORS UNDER 18):

We, (I), the undersigned parent of _____ have been informed of the method of competition for the 2017 “U.S. Special Needs Judo Championships” and hereby express our (my) consent and approve that he/she may be moved up into:

Please check all that apply:

Do Not Move In to Any Higher Division

One Age Division Higher

One Weight Division Higher

One Rank Division Higher

(NOTE: The contestant moving up in division is also subject to and not exempt from the rules of said division)

| | | |
|---|--------------------|---------------|
| _____ Printed Name of Contestant | _____ Signature | _____ Date |
| _____ Printed Name of Parent or Legal Guardian | _____ Signature | _____ Date |
| _____ Printed Name of Instructor | _____ Signature | _____ Date |

BLACK BELT WAIVER

(To be completed BY ALL COMPETITORS competing in Brown/Black Divisions ONLY)

PRINT NAME OF CONTESTANT _____

I, _____, a Judo Instructor, who has been awarded the rank of Shodan or higher, under the auspices of one of the following Organizations, **United States Judo Inc., United States Judo Federation, or the United States Judo Association**. Hereby certify that the above contestant although not having been awarded the Judo rank of Shodan is of sufficient aptitude and skill in Judo to compete in the **2017 “U.S. Special Needs Judo Championships” hosted by Riverside Judo**.

Signature of Judo Instructor

Date

Signature of Parent or Legal Guardian
(if Contestant is Under 18 years of Age)

Date

2017 “U.S. Special Needs Judo Championships” hosted by Riverside Judo

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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 ("Activity") of the **United States Judo Association, Inc., USA Judo/United States Judo, Inc., United States Judo Federation, Inc., and The Riverside Youth Judo Club P.A.L.**, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I, or my participating child have been medically cleared for this event. I also understand the rules governing the sport of Judo.

2. 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.

3. 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.

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, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Association, Inc., USA Judo/United States Judo, Inc., United States Judo Federation, Inc., The Riverside Youth Judo Club P.A.L.**, 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. 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.

Participant

Participant Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian

Parent/Legal Guardian Signature

Date