



## Shufu Junior Open & Competitor's Clinic Saturday, June 7, 2008

**Tournament Location:** College Park Community Center  
 5051 Pierce Ave  
 College Park MD  
 301-411-2647

**USJF SANCTION NO: 08-06-01**

**Clinician:** USJF Sanction Number: tbd  
**To Be Determined**  
**Clinic:** Shufu Competitor's clinic is a great opportunity to learn some judo competition techniques in preparation for the summer Junior Nationals, Junior Olympics, and Junior US Open. Competition starts at 11:00. Come early and learn

**Tournament Directors:** Karl Tamai College Park Judo Club : (301)537-5836  
 Mike Grunberg

**Eligibility:** Current USJI, USJF, USJA membership. Open tournament for all states.

**Entry Fees:** Preregistration: \$20.00 first division (must be postmarked by 6/3/087) \$10.00 second division  
 Registration: \$25.00 first division \$10.00 second division

M-NCPPC is responsible for registration. Make all checks payable to M-NCPPC.

Mail with registration form to:

M-NCPPC  
 Maryland Judo Championships  
 5051 Pierce Ave  
 College Park MD 20740

NO PHONE ENTRIES. NO EMAIL ENTRIES. NO REFUNDS.

**Rules:** Current modified IJF rules will govern the tournament. No shime-waza for age 12 and under. No kansetsu-waza for age 16 and under. There may be Co-ed competition for ages 10 and under.

**Schedule:** 9:00-11:00 Competitor's Clinic  
 8:00-10:00 Shiai Registration & Weigh-in  
 11:00 Shiai Competition Starts  
 2:00 Competitor's Clinic –Sensei Jimmy Takemori reviews mistakes in today's matches and prepares juniors for Junior Nationals.

**Juniors**

Age	Divisions	Age	Divisions
6 – 8	Light, Medium, Heavy	13 – 14	Light, Medium, Heavy
9 – 10	Light, Medium, Heavy	15 – 16	Light, Medium, Heavy
11 – 12	Light, Medium, Heavy	17 – 18	Light, Medium, Heavy

**Special Awards:**

Junior Team and Outstanding Junior Judoka

**Directions:**

**Note: I-95 and 495 (Capitol Beltway) share the same highway from Springfield, VA to College Park, MD**

**Northbound On I-95/495:**

Follow the beltway to exit 25. At the top of the ramp, turn left onto Baltimore Ave (Rt. 1).

**Southbound on I-95:**

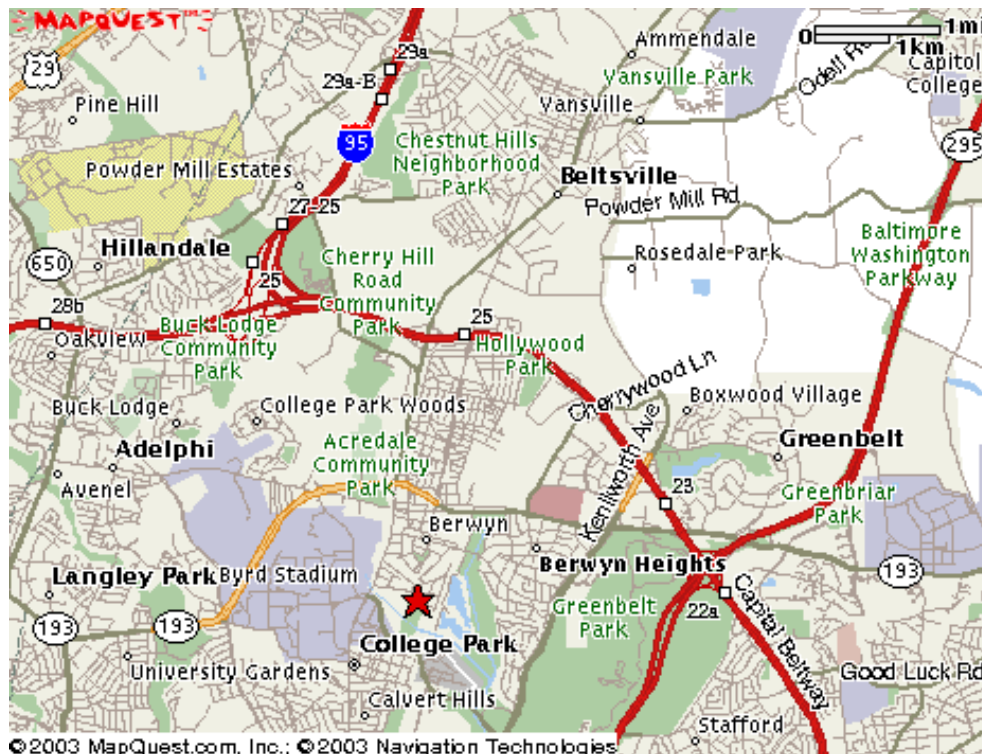
Follow 95 south. After the Beltsville exit, 95 merges with 495. Two lanes turn right and two lanes turn left. Stay in the right lanes, but stay in the second right hand lane. Exit 25 for College Park is on the merging ramp. It is a left hand turn; that is why you want to stay in the second lane. This will bring you onto 495 and you take to 495 exit 25b south Baltimore Ave (Rt 1) towards College Park.

**Southbound on 495:**

Follow the beltway to exit 25b. This will put you onto Baltimore Ave (Rt.1)

**All From Baltimore Ave (Rt.1):**

1. Proceed approximately 3 miles to College Park (McDonald's/Burger King/Ford Dealer).
2. Turn Left onto Lakeland Road (next light past College Park Fire House)
3. Turn Right at the second stop sign. (park on right)
4. This road will bend and go right to College Park Community Center & Paint Branch Elementary.



**HOTELS:** Complete list of area hotels

<http://www.inform.umd.edu/CampusInfo/Departments/guest/visitor/localhotel.html>

Forms available for downloading at College Park Judo Club Web Site:

<http://collegeparkjudo.org>

# Shufu Junior Open Entry Form

Payment:  
 Cash/Check/Credit/MO  
 1<sup>st</sup> Division: \_\_\_\_\_  
 2<sup>nd</sup> Division: \_\_\_\_\_  
 Total: \_\_\_\_\_

**Pre Registration Check list (send these items):**

- Signed Tournament Application
- Signed Waiver
- Copy of your current USJF, USJI, or USJA membership card
- Entry Fee (check, credit card, or money order. Do not mail cash)

Contestant's Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Tel. # \_\_\_\_\_

Judo Club: \_\_\_\_\_ Rank: \_\_\_\_\_

Card # (USJI, USJA,USJF) \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Weight: \_\_\_\_\_ Sex: \_\_\_\_\_

Credit Card: VISA or Master Card      Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Record Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

**For Shiai Completion:** Junior Competition / Second Division      (circle all that apply)

**I certify that all of the above information is correct.**

Contestant's Printed Name	Contestant's Signature	Date
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date

If you would like your address or club address to be added to our tournament mailing list please add it here:

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_ Tel. # \_\_\_\_\_

Email Address: \_\_\_\_\_

**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 of the **United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Maryland National Capital Park & Planning Commission, Shufu Yudanshakai, College Park Judo Club, Inc., and College Park Community Center**, 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, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Maryland National Capital Park & Planning Commission, Shufu Yudanshakai, College Park Judo Club, Inc., and College Park Community Center**, 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. CONSISTENT WITH THE BY-LAWS OF USJF, THIS TOURNAMENT MAY INCLUDE CO-ED COMPETITION FOR AGES 10 AND BELOW 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.**

\_\_\_\_\_  
Participant (please print 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 (please print name)

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date