

Hawaii Judo Inc. State Championships

- DATE/TIME:** Sunday, December 4, 2022, 8:30 am
PLACE: Salt Lake District Park, 1159 Ala Liliko'i Place, Honolulu, HI 96818
HOST: 50th State Judo Association
WEIGH-IN: See attached Sheet - ***VERIFICATION WEIGH IN WILL BE THE DAY OF THE TOURNAMENT - Starting at 7:00 am to 8:15 am No extensions.**
- SANCTION #:** 22-12-05
ENTRY: Each contestant/parent(s), must complete the "Waiver and Release of Liability and Agreement to Participate Form" and the "Accident Waiver and Official Entry Form" (for each division entered. Must be a member of the USJF, USJA or USA Judo, a card must be presented at the weigh-in. Please attach a copy or receipt of your USJF, USJA or USA Judo membership card with this form. There will be **NO EARLY OR LATE REQUESTS** to play. *Any division changes will be done after the weight Verification is complete. Be sure your student is in their right weight and age division by Friday's confirmed division sheet. Only division changes will be if they are not in the right weight division. Sunday will be the only day to **VERIFY** weigh-in from 7:00 am to 8:15 am. No extensions and the Texas Matching System will be used.
- FEES:** Entry Fee: \$30.00. All entry fees are non-refundable and payable at Tournament site. Make checks payable to: **Hawaii Judo Inc.** Email consolidated entry list by **Thursday, 6:00 pm** to: dkshiraki@aol.com. Any questions, call Dean Shiraki [H] 808-626-1626. **No Late Consolidation list will be accepted, Dean will not be available for any changes on Saturday.** So please make sure your student is in their right category.

RULES AND CURRENT IJF RULES:

Current IJF contest rules will be used with the following modifications: Modified double elimination will be used in division with four or more competitors. If only two people are matched in a division, then it will be full double elimination. All matches will be 3 minutes. "Contest area will be 6 meters x 6 meters with 4 meters between adjoining contest area and 3 meters everywhere else. "White gis are mandatory and blue gis are optional. Contestant are responsible to bring their own blue and white belt for competition".

Techniques not allowed by age:

SHIME WAZA

KANSETSU WAZA

INTERMEDIATE 2 AND YOUNGER

Juvenile B & Younger and Novice.

Kanebasami is not allowed for all ages. If any person moves up in age division, the older age division rules apply.

NOVICE DIVISION: There will be no Novice Division

AWARDS: Bantam 1 & 2 will receive trophies. All other divisions will receive medals.

YOUR HELP IS NEEDED AT 7:00 A.M. TO SET UP MATS & CLEAN UP AT THE END OF THE TOURNAMENT FROM Island Judo Club, Kazoku Judo Club and Ichimikan Judo Club

EVERYONE PLEASE HELP SO WE MAY START ON TIME AND STAY TO HELP CLEAN THE AREA FOR FUTURES USE OF THE FACILITY.

REFEREES, JUDGES, TIMERS AND SCOREKEEPERS ARE ALSO NEEDED TO MAKE THIS TOURNAMENT A SUCCESS.

Concession hosted by Pearl City Ken-Shin Judo Club

Hawaii Judo Inc. State Championships COMPETITION CATEGORIES (2022)

Please note that each Category is based solely on the year in which the contestant was born. The contestant's actual age on the day of competition is irrelevant. For each weight division, the weight range will be over the previous weight and up and including the weight listed.

If a contestant has no one else in the division he/she will be declared the winner of the division. If a contestant doesn't make weight he/she may move up to the next weight division but in the same age category, all rules will apply to the division entered. Any changes will be discussed with the coaches and/or the competitors involved prior to the actual change.

The Tournament Director reserves the right to make changes when it is in the best interest of the contestants to make these changes due to differences in weights. Any changes will be discussed with the coaches and/or the competitors involved prior to the actual change

MALE

	CATEGORY YEAR BORN	DIVISION IN POUNDS
BANTAM 1	2016 – 2017	42 51 62 +62
BANTAM 2	2014– 2015	51 59 68 77 +77
INTERMEDIATE 1	2012 – 2013	57 66 75 84 95 +95
INTERMEDIATE 2	2010 – 2011	62 68 75 84 92 106 117 +117
JUVENILE A	2008 – 2009	79 88 97 106 117 128 141 +141
JUVENILE B	2006 – 2007	112 121 132 145 161 178 198 +198
JUVENILE C	2003 – 2005	121 132 145 161 178 198 220 +220
SENIOR	Various	121 132 145 161 178 198 220 +220
MASTERS	Various	121 132 145 161 178 198 220 +220

FEMALE

	CATEGORY YEAR BORN	DIVISION IN POUNDS
BANTAM 1	2016– 2017	42 51 62 +62
BANTAM 2	2014 – 2015	51 59 68 77 +77
INTERMEDIATE 1	2012 – 2013	57 66 75 84 95 +95
INTERMEDIATE 2	2010 – 2011	62 68 75 84 92 106 117 +117
JUVENILE A	2008 – 2009	79 88 97 106 117 128 141 +141
JUVENILE B	2006 – 2007	88 97 106 114 125 139 154 +154
JUVENILE C	2003 – 2005	97 106 114 125 139 154 172 +172
SENIOR	Various	97 106 114 125 139 154 172 +172
MASTERS	Various	97 106 114 125 139 154 172 +172

Hawaii Judo Inc. State Championships

HAWAII JUDO INC STATE CHAMPIONSHIPS ACCIDENT WAIVER AND OFFICIAL ENTRY FORM

(One form Per Division Entered)
SANCTION # 22-12-05

EVENT: Hawaii Judo Inc. State Championships on December 4, 2022.

In consideration of the acceptance of my entry, I do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which I may have or which may hereafter accrue to me against the 50th State Judo Association or its successors or assigns, for any and all injuries which may be sustained and suffered by me or my children in connection with my association with or entry in the 50th State Judo Association contest, or which may arise out of my traveling to, participating in, and returning from such contest

EMERGENCY CONTACT: _____ PHONE NO: _____
(Name)

(Signature of parent or guardian of contestants under 18 years of age.)

(Full Signature of Contestant)

Contestant's Name: _____
(Please Print) Last First MI

Address: _____ Apt #: _____ City: _____ Zipcode: _____
(Street #, Street Name)

Phone #: _____ Birthdate: ____/____/____ Age: _____

Rank: _____ Est. Weight: _____ Sex: M / F

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness
Type of assistance/accommodation requested or name of person assisting: _____

Organization: ___ 50th State Judo Assn. ___ Judo Black Belt Association of Hawaii ___ Hawaii State Judo Assn.

USJF, USJA, or USA Judo Number: : _____ Expiration Date: _____

I the undersigned parent or legal guardian of the named contestant above, have read and understand the method of competition for this competition. Including contested weight categories and possible changes deemed necessary by the Tournament Director for the safety of the sport and competitors involved. I have agreed to allow my child to participate in this event.

Parent/Guardian Signature

Date

Instructor/Coach Consent:

I, the undersigned Instructor/Coach, who holds the rank of Shodan or higher which has been awarded under the auspices of one of the following organizations: United States Judo Federation, USA Judo/United States Judo, Inc., or the United States Judo Association, have read and understand the method of competition for this tournament. Including contested weight categories and possible changes deemed necessary by the Tournament Director for the safety of the sport and competitors involved. is of sufficient aptitude and skill in judo to participate in the tournament.

Instructor's Signature (Verifying contestant's age & competence)

Instructor/Coach Signature

Rank & Organization it was obtained

Date

Competition Division Entered: _____ Club Representing: _____

TO BE FILLED IN BY WEIGHT-IN SITE:

CLUB WEIGHED IN AT _____

TO BE FILLED IN BY VERIFICATION SITE:

VERIFIED

WEIGHT AT TIME OF WEIGH-IN: _____

DIVISION ENTERED: _____

WEIGHT AT TIME OF WEIGH-IN: _____

CORRECTED DIVISION IF APPLICABLE: _____

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DISCLAIMER

We understand that during any event sponsored by the 50th State Judo Association ("the Association"), my and/or my child's photograph, video and/or other likeness or audio and/or visual reproduction [hereinafter "reproductions"] may be taken or made by the Association, or those acting on its behalf. I/we agree that any such reproductions may be used for purposes including, but not limited to, brochures, invitations, books, newspapers, magazines, television, website and fliers without compensation or remuneration to me or us from or on behalf of the Association and/or those acting on its behalf. The Association and those acting on its behalf are released from liability for any damages resulting from the publication, dissemination, distribution, redistribution, sharing, posting, reposting or other use of said reproductions.

Parent/Guardian of above-signed Minor Participant

Adult Participant/Minor Participant

Date

***Verification Weigh-in at Salt Lake Gym**

Sunday, December 4, 2022

7:00 am to 8:15 am

No Extensions or Late Entries,

You must weigh-in during this period or you will forfeit your Entry to the tournament

*Participants can only enter 1 division.

* Dojos must email contestant list to Dean Shiraki - dkshiraki@aol.com;

by **THURSDAY, Dec. 1, 2022 BY 6:00 PM**

****CONTACT DEAN SHIRAKI [H] 808-626-1626 FOR CANCELLATIONS**

NO LATER THAN 9:00 PM, THURSDAY, Dec.1, 2022

Dean will NOT be available to make any changes on Saturday or Sunday until Weight Verifications are done,
Please be sure to enter contestants in their right division.

*Outer island - please email Dean Shiraki - dkshiraki@aol.com;

by Wednesday, Nov. 30, 2022

****A confirmation will be sent to you acknowledging it was received, if not, please contact Dean**

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 Federation, Inc., 50th State Judo Association, Inc., Hawaii Judo, Inc., Salt Lake District Park Gym, City & County of Honolulu,** and the officers, employees, volunteers, and agents, I agree:

1. 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.

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, including United States Judo Federation, 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 (Releasees), 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 Federation, Inc., 50th State Judo Association, Inc., Hawaii Judo, Inc., Salt Lake District Park Gym, and the City & County of Honolulu,** 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’s Signature

Date

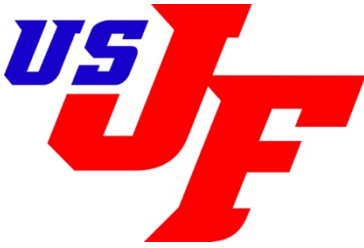
**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

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’s Signature

Date



UNITED STATES JUDO FEDERATION

Medical Committee

Mailing Address: PO Box 338
Ontario, OR 97914-0338

Telephone: (541) 889-8753

FAX: (541) 889-5836

Internet: www.usjf.com

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

Masking:

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

Symptom Screening:

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html> [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician