





# 19th Annual Kelvin Mori Memorial Tournament

## ACCIDENT WAIVER AND OFFICIAL ENTRY FORM

(One form Per Division Entered)

SANCTION #

EVENT: 19th Annual Kelvin Mori Memorial Tournament on March 5, 2023.

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: \_\_\_\_ 50<sup>th</sup> 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. I am 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:**

**WEIGHT AT TIME OF WEIGH-IN:** \_\_\_\_\_

**CLUB WEIGHED IN AT** \_\_\_\_\_

**DIVISION ENTERED:** \_\_\_\_\_

**TO BE FILLED IN BY VERIFICATION SITE:**

**WEIGHT AT TIME OF WEIGH-IN:** \_\_\_\_\_

\_\_\_\_\_  
**VERIFIED**

**CORRECTED DIVISION IF APPLICABLE:** \_\_\_\_\_

# 19th Annual Kelvin Mori Memorial Tournament

## DISCLAIMER

We understand that during any event sponsored by the 50<sup>th</sup> 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, March 5, 2023

**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](mailto:dkshiraki@aol.com);

by **THURSDAY, March 2, 2023 BY 6:00 PM**

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

**NO LATER THAN 9:00 PM, THURSDAY, MARCH 2, 2023**

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](mailto:dkshiraki@aol.com);

by Wednesday, March 1, 2023

\*\*A confirmation will be sent to you acknowledging your email was received. He will confirm the number of contestants you have entered. If not, please contact Dean at 808-626-1626.

