

13th Annual
Red, White, and Blue Classic
JUDO TOURNAMENT



Saturday November 7, 2015
St Paul Parish School
(1009 Kem Road, Marion, IN. 46952)

Kata competition begins at 10:00 am.

Opening Ceremonies will be 11:30 with
Masters and Junior competition to follow.

Senior Novice and Black Belt Competition and Newaza
(grappling) competition at the conclusion of Juniors

13th Annual Red, White, and Blue Classic

Saturday, November 7, 2015

St. Paul Parish School · 1009 Kem Road · Marion, IN 46952

USJA Sanction: applied for

Eligibility:	JUNIOR, SENIOR, and MASTERS DIVISIONS KATA COMPETITION: Nage No Kata , Ju No Kata & Katame No Kata ***Competitors MUST present a Current USA Judo, USJA or USJF Card***
Awards:	1 st , 2 nd , and 3 rd Place Medals for Each Division. 1 st , 2 nd , and 3 rd Place Team Trophies (Junior Team only)
Entry Fee: Make Checks out to: Marion PAL Judo Mail Advanced Entries to: Marion PAL Judo c/o Bruce Bender 4411 Macombe Drive Marion, IN. 46952	Advanced Registration must be postmarked by <u>October 31, 2015</u> SHIAI: Advanced: \$30.00 1 st Division / \$15.00 each additional Division Event Day: \$40.00 1 st Division / \$25.00 each additional Division KATA: Advanced: \$50.00 per Team / \$20.00 each additional Division same TEAM Event Day: \$60.00 per Team / \$30.00 each additional Division same TEAM Kata competitors competing in second Kata, Shiai or Newaza; it will be considered a Second Division. <u>A SEPARATE ENTRY FORM MUST BE COMPLETED FOR EACH DIVISION.</u>
Registration & Weigh-Ins:	Saturday, November 7, 2015 at Saint Paul Parish School 9:30 AM – 10:30 AM – Juniors & Masters 10:00 AM – 11:00 – Seniors
Start Time	Kata Competition begins at 10:00 AM Opening Ceremonies begin at 11:30 am with Masters and Junior Competition to follow. Senior divisions will begin immediately following Junior Competition. Male and Female Newaza will begin after Senior Competition
Rules:	Double Elimination (Newaza will be <u>Single Elimination</u>) <ul style="list-style-type: none">• I.J.F. Contest Rules as Modified:• NO Kansetsu Waza Allowed in Junior Divisions or Senior Novice• Shime Waza Allowed for 13 Years of age and Older• <u>ALL PLAYERS MUST HAVE THEIR OWN WHITE AND BLUE BELTS</u>
Tournament Co-Directors:	Bruce Bender, (765) 669-2595, bbender@indy.rr.com Robyn Culley, robynculley@gmail.com
Head Referee:	Gary Amick, National Referee
Match Times:	3 Minute Matches – All Junior Divisions, Masters, and all Newaza. 4 Minute Matches All Senior Divisions
Concessions:	Available at Tournament Site; Please, absolutely no coolers on gym floor.

The Tournament Director reserves the right to make any changes that are in the best interest of the contestants and to achieve fairness and competition

NOTICE!

The 2015 Red, White, and Blue Classic Tournament will be a test site for Local and Regional Referee Certification

Contact Tournament Director prior to October 23, 2015 to be considered for testing

DIVISIONS

Junior Novice Boys & Girls White / Yellow Belt Only May also fight All Ranks also	Ages	7-8	Light, Middle and Heavy
		9-10	Light, Middle and Heavy
		11-12	Light, Middle and Heavy
		13-14	Light, Middle and Heavy
		15-16	Light, Middle and Heavy
Junior All Ranks Boys and Girls	Ages	6 & U	Light and Heavy
		7-8	Light, Middle and Heavy
		9-10	Light, Middle and Heavy
		11-12	Light, Middle and Heavy
		13-14	Light, Middle and Heavy
15-16	Light, Middle and Heavy		
Senior Women	All Ranks		Light, Middle and Heavy
Senior Men	Novice & Brown/Black		55kg, 66kg, 73kg, 81kg, 90kg, 100kg, +100kg
Men's Masters All Ranks	Ages	30-39	Light, Middle and Heavy
		40-49	Light, Middle and Heavy
		50+	Light, Middle and Heavy
Male and Female Newaza	All Ranks		Light and Heavy

Gi Rules

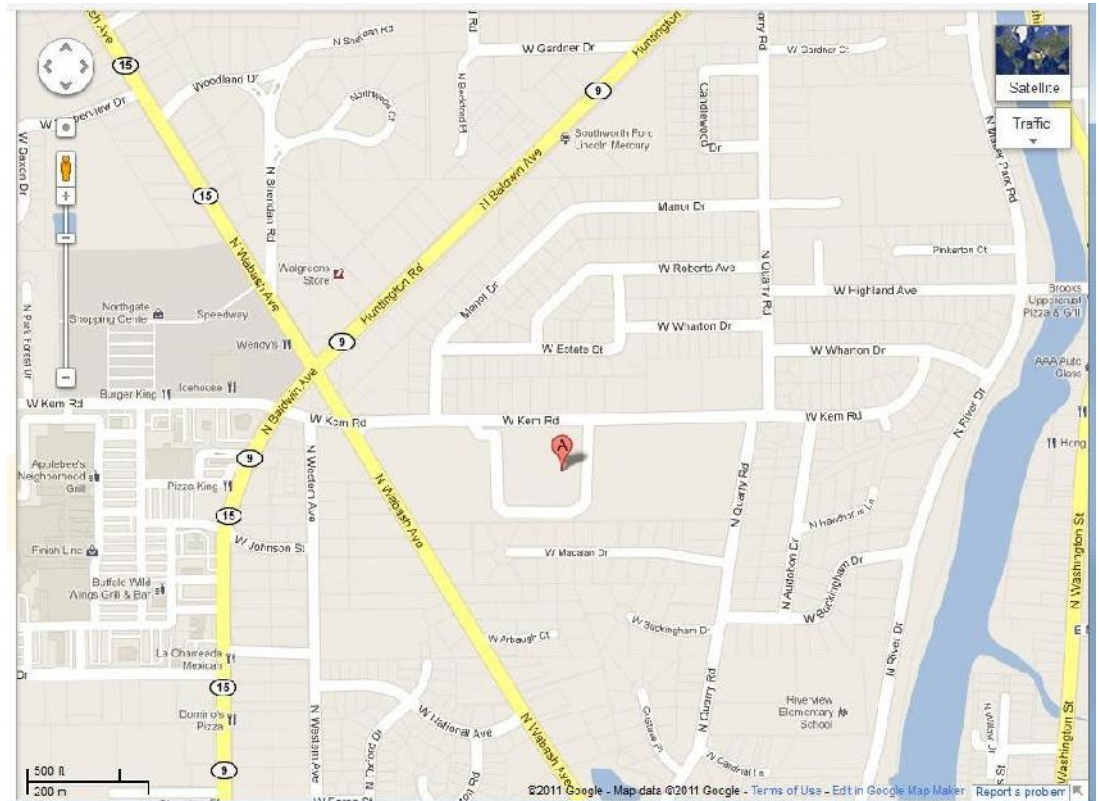
- **If you are the WHITE player, you MUST have a WHITE gi.**
- **Contestants must have their own BLUE and WHITE belts if not using a BLUE gi.**

FOOTWEAR MUST BE WORN AT ALL TIMES WHILE OFF THE MAT

Hotels

Hampton Inn:
1502 N. Baldwin
Marion, IN 46952
765-662-6656

Comfort Suites:
1345 N. Baldwin
Marion, IN 46952
765-651-1006



2015 Red White and Blue Classic Shiai entry form

Advanced Registrations: **\$30.00** per person / **\$15.00** additional divisions. Event Day: **\$40.00** per person / **\$25.00** each additional division

Contestant: _____ **CLUB:** _____

USA Judo / USJA / USJF#: _____ **Exp. Date** _____ **Verified by:** _____

DOB: _____ **Age:** _____ **Sex:** Male Female **Belt Color:** _____

CIRCLE DIVISION (ONE DIVISION PER FORM)

- **Junior Boys – Novice (white/yellow)** Age: _____ **7-8** **9-10** **11-12** **13-14** **15-16**
- **Junior Boys – All Rank** Age: _____ **5-6** **7-8** **9-10** **11-12** **13-14** **15-16**
- **Junior Girls – Novice (white/yellow)** Age: _____ **7-8** **9-10** **11-12** **13-14** **15-16**
- **Junior Girls – All Rank** Age: _____ **5-6** **7-8** **9-10** **11-12** **13-14** **15-16**
- **Senior Men – White-Green / Brown/Black** **55kg** **66kg** **73kg** **81kg** **90kg** **100kg** **+100kg**
- **Senior Women All Ranks** **Light and Heavy (subject to change)**
- **Men Masters** **30-39** **40-49** **50+**
- **Men’s Newaza All Ranks** **Light and Heavy**
- **Women’s Newaza All Ranks** **Light and Heavy**

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, _____ (Print Name of Instructor), a Judo Instructor, who has been awarded the Judo rank of Shodan or higher by USA Judo, USJA, USJF (circle one) hereby certify that the above named Contestant is of sufficient aptitude and skill in Judo to compete in this tournament.

Signature of Judo Instructor

Date

CONSENT FOR WEIGHT and/or AGE CHANGE – Required if going up weight and/or age

We (I) hereby express or consent and approve that if the Contestant is uncontested, or if by Contestant choice, Contestant may either move up into another weight or age bracket. (Circle the desired bracket.)

Print Name of Parent / Guardian

Signature

Date

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, the 2015 Red, White, and Blue Classic Judo Tournament and related events and activities of the United States Judo Association (USJA), Indiana Judo, Inc., Marion PAL Club Judo, United States Judo, Inc. (USA Judo), United States Judo Federation (USJF), St. Paul Parish School, and the Diocese of Lafayette.

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 sever social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inactions or negligence of others, the rules of the of the sport of Judo, or conditions of the premises or 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 USJA, USJF, Indiana Judo Inc., Marion PAL Club Judo, USA Judo, USJF, St. Paul Parish School, Community School of the Arts, and the Diocese of Lafayette, 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 to conduct the even, all of whom are hereinafter referred to as "Releasee," from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise to the fullest extend 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 AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISK 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 EVIDENCE 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.

Print Name of Participant

Signature

Date

FOR PARENTS / GUARDIANS OF PARTICIPANTS OF MINOR AGE (UNDER AGE 18 AT THE 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 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 extend permitted by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Print Name of Parent / Guardian

Signature

Date

Official Use Only: Paid: _____ Cash Check Division ___ of ___

**2015 Red White and Blue Classic
KATA Entry Form – ONE Form per Division**

Advanced Registrations **\$50.00** per Team / **\$20.00** additional division for same Team

Event Day **\$60.00** per Team / **\$30.00** each additional division for same Team

CLUB: _____ KATA: _____

Tori: _____ Uke: _____

USA Judo / USJA / USJF#: _____ USA Judo / USJA / USJF#: _____

Official Use Only: Membership card verified: _____ Official Use Only: Membership card verified: _____

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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 sever social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inactions or negligence of others, the rules of the of the sport of Judo, or conditions of the premises or 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 USJA, USJF, Indiana Judo Inc., Marion PAL Club Judo, USA Judo, USJF, St. Paul Parish School, Community School of the Arts, and the Diocese of Lafayette, 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 to conduct the even, all of whom are hereinafter referred to as "Releasee," from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee 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 AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I AGREE TO PARTICIPATE KNOWING THE RISK 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 EVIDENCE 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.

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