

Agate City Open

10th Annual Agate City Open Judo Tournament
USJA AND USJI # Sanction Applied for

Date: Sunday, February 09, 2014

Early weigh-in: Saturday, 08 February, 6:30 p.m.-8:00 p.m.
Country Inn of Two Harbors
1204-7th Avenue, Two Harbors, MN 55616
Phone 218-834-5557

Weigh-in: Sunday, Feb.09, 2014 at venue
Juniors: 8:00 - 9:00 a.m.
Seniors & Masters: 8:00 - 9:00 a.m.

Competition: Juniors: 10:00 a.m. start time
Seniors & Masters: 11:00-11:30(?) start time
Seniors will start shortly after juniors are done

Entry Fees: \$30.00 if received on or before Feb 3th
\$35.00 if received on or after Feb 3th
\$10.00 for each additional division

All competitors must be at the tournament site at 9:00 a.m. Sunday, 14 Feb, to set up divisions.

Spectators: Free!

Checks Payable to: North Shore Judo Club

Send Entries to: Roger A. Anderson, Tournament Director; 430-9th Ave; Two Harbors, MN 55616-1320

Questions: Call Roger A. Anderson @ (218) 834-2368 or send e-mail to rogera62@lakenet.com
Venue: The Two Harbors High School Gymnasium (1.7 miles north of the BP Gas Station on Hwy 2)
1640 Hwy 2 Two Harbors, MN 55616

Awards: Juniors - 1st place trophies Silver and Bronze metals
Seniors - Gold, Silver and Bronze medals

Headquarters motel Country Inn of Two Harbors; 1204-7th Avenue, Two Harbors, MN 55616
Phone 218-834-5557 toll free 877-604-5332

Make your reservation early; we have a group of rooms at a special "Judo Tournament rate."

Local information at www.twoharbors.com/chamber 2010 Agate City Open Judo Tournament

Eligibility: Open to current USJI, USJA or USJF members.
Judo Ontario or similar memberships also welcomed.

Proof of membership must be presented at registration.

Membership may be purchased at the venue.

Rules: Current IF-modified rules will be used.

Match Duration: 3 minutes for juniors (under 17 years) and masters (30 years & older).
3 minutes for senior novice (all ranks lower than brown belt)
5 minutes for senior advanced (brown and black belts)

Draw Type: Strict double elimination or round robin.

In an effort to maximize the number of matches for each competitor, we will choose a draw type based on the total number of players registered, the number of players in the division, and the time required to play out the draw.

Sanction: USJI,USJA applied for.

Chokes: Permitted in all divisions intended for players 13 years and older.

Arm bars: Permitted in all divisions intended for players 17 years and older.

Arm Bars: NOT permitted in divisions intended for players under 17 years of age.

Divisions*: Competitors will be divided into groups of 4-8 competitors based on age, rank, and weight.

*The tournament director reserves the right to modify divisions by weight, rank or age as attendance and safety dictate.

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Entry Form

Please fill out and return pages 2, 3, and 4.

You may want to have a filled out copy of page 5 for your travel records. Page 5 is NOT needed to enter this tournament.

Please Print Clearly

Last Name

First Name

Address

City

State

Zip Code

Birth Date

E-mail address

Home Phone #

Work Phone #

Instructor

Club Name

Rank

Age

Sex

Official Weight

Weighed By

USJI USJA USJF Judo Ontario

(Circle one)

Card #

Verified by

Make checks payable to: NORTH SHORE JUDO CLUB
Send pre-registration to: ROGER A. ANDERSON
430-9TH AVENUE
TWO HARBORS, MN 55616-1320

CERTIFICATE FOR NON-BLACK BELT CONTESTANTS,

_____, a Judo Instructor, who has been awarded the Judo
(Name of Instructor)
Rank of Shodan or higher, recognized by United States Judo, Inc., hereby certify that

_____, although not having been awarded the Judo rank of Shodan
or higher, is of sufficient aptitude and skill in Judo to compete in this tournament.

Signature of Judo Instructor

Date

Instructor must have a rank certificate, USA JUDO membership card with the verification symbol ("V") printed following his/her rank, or rank cards issued by the USJF or USJA National Offices.

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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 the related events and activities of United States Judo, Inc., I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree that prior to participating, I will inspect the mats, equipment and facilities to be used, and if I believe that anything is unsafe or beyond my capability I will immediately advise my coach or supervisor of such condition(s) 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 to not only my own actions, inaction or negligence, but also to the action, inaction or negligence of others; the rules 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 the risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive and discharge, and covenant not to sue United States Judo, Inc., together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, and other participants, their parents, guardian(s), supervisors and coaches, sponsoring agents, sponsors, advertisers and, if applicable, owners, lessors and lessees of the premises used to conduct the event, all of whom are hereinafter referred to as "releases," from any and all claims, demands, losses or damage to property, caused or alleged to have been caused in whole or in part by the negligence of the releases or otherwise.

Printed Participant Name Signature

Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY 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 the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases 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's Printed Name

Parent/Guardian's Signature

Date

POWER OF ATTORNEY

If contestant is under the age of 18 years on the day of competition, this document must be completed by the contestant's parent or legal guardian if the parent or legal guardian is not attending the competition.

I certify that I am the parent or legal guardian of _____, a minor. I will not be in attendance at the 2010 AGATE CITY OPEN JUDO TOURNAMENT and do hereby designate _____, who is over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any other person, and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

Signature of Parent or Legal Guardian

Date

A BRIEF HEALTH HISTORY FORM (TRAVEL FORM)

You may want to use the following form for each of your competitors both adult and junior. The information may be of use in an emergency. This form is NOT NEEDED to register for our tournament.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

City _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

Emergency contact

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Alternate Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information

Policy Holder _____ Relationship to Policy Holder: _____

Insurance Company _____ Insurance ID Number _____

Health Information

List all medications _____

Other health conditions or comments _____

Allergies _____ Current weight _____

Power of Attorney

I certify that I am the parent or legal guardian of _____ a minor.
I will not be in attendance at the judo event. And do hereby designate

_____ who is over 21 years of age to be my true and lawful attorney, to act in my name, place, and stead to do any and every act and exercise any power that I might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest the person acting for me full power and authority to do and perform all and every act and thing.

Signature _____

Date _____