

# Mississippi State Judo Championships and Mississippi Open Judo Tournament

- Sanction:** Mississippi Judo, Inc., Group B Member of USJI  
Sanction Number: MJI-91-10
- Date:** Saturday March 6, 2010
- Competition Times:** Masters, Juniors 10:00 A.M.  
Novice, Seniors 12:00 P.M.
- Eligibility:** Open to members holding current USJI, USJF, or USJA cards (**Cards will be checked**)  
USJI, USJF, USJA Registration will be available date of event
- Awards:** Mississippi residents will receive Certificates of Participation to meet eligibility requirements  
For National events and 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place awards for all divisions engraved with  
Mississippi State Judo Championships.
- Non-residents will receive 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> place awards for all divisions engraved with  
Mississippi Open Judo Tournament.
- Awards will be presented at the end of each division.  
**Contestant must be in Judo Gi for award presentation.**
- Weigh In:** Friday March 5, 2010 6:00-8:00 P.M. All Contestants  
Saturday March 6, 2010  
8:00 A.M. – 9:00 A.M. Masters & Junior Contestants  
9:00 A.M. – 11:00 A.M. Novice & Senior Contestants
- Registration:** **\$25.00 If postmarked by February 15**  
\$35.00 During Weigh In  
\$10.00 For each Additional Division  
**(Make checks payable to Mississippi Judo, Inc.)**
- Divisions:** **A separate Entry Form is required for each Division.** ( Juniors, Masters, Novice, Seniors)  
The Novice and Senior Open Divisions will be **Free** for any contestant already entered in  
another Novice or Senior Division.  
Juniors will **not** be allowed to compete in 2 or more Junior weight Divisions. They may (if 15  
years or over) enter the correct Novice or Senior Shiai Division for the additional fee.  
**Tournament Director reserves the right to modify divisions**
- Junior Boys: 6 & Under -- 7-8, 9-10, 11-12, 13-14, 15-16  
Light, Medium, Heavy

**Mississippi State Judo Championships**  
and  
**Mississippi Open Judo Tournament**  
(Continued)

Junior Girls: 6 & Under – 7-8, 9-10, 11-12, 13-14, 15-16  
Light, Medium, Heavy  
Senior Men Novice (yonkyu & under): 123, 132, 145, 160, 178, 198, 220, 220 +, open  
Senior Men (sankyu & over): 123, 132, 145, 160, 178, 198, 220, 220 +, open  
Senior Women (rokyu & over): 99, 106, 114, 125, 139, 154, 172, 172 +, open  
Master Men: 30-39, 40-49, 50-59  
Light, Middle, Heavy  
Master Women: 30-39, 40-49, 50-59  
Light, Middle, Heavy

**Tournament Site:** **Clinton Baptist Healthplex (On the Mississippi College Campus)**  
**102 Clinton Parkway**  
**Clinton, Mississippi 39056**

**Rules:** **Current IJF (Modified):** **Two mats will be used.**

Shime: Allowed for age 13 and over only  
Kansetsu: Allowed for Seniors, Novice and Masters only  
3 Minute Matches: Junior  
4 Minute Matches: Senior Women and Masters  
5 Minute Matches: Novice, Senior Men  
Modified Double Elimination: Will be used in Divisions of 4 or more.  
Round Robin: Will be used in Divisions of 3 or less.

**Officials:** **Tournament Director:** **Bob Harvey, Rokudan**  
601-924-3421 Dojo  
601-334-6448 Cell (Day of Tournament only)  
P. O. Box 726  
Clinton, MS 39060  
**e-mail: [Mississippijudo@aol.com](mailto:Mississippijudo@aol.com)**

**All National Referee will receive \$40 travel funds**

**Lunch provided for all Referee and Tournament volunteers**

# Official Registration Form

Please completely fill out a form for each division entered

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

E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age on Day of Tournament: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Coach: \_\_\_\_\_

USJI/USJA/USJF Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

Division Entered: (Please Check ONE)

<input type="checkbox"/> Junior Girls	<input type="checkbox"/> Junior Boys	<input type="checkbox"/>
<input type="checkbox"/> Master Men	<input type="checkbox"/> Masters Women	<input type="checkbox"/>
<input type="checkbox"/> Senior Men	<input type="checkbox"/> Senior Women	<input type="checkbox"/>
<input type="checkbox"/> Senior Men Novice	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## To Be Filled Out by Tournament Officials

Player's Card Checked: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Waiver signed by Player (& parent if player is under 18): \_\_\_\_\_

**Weight:** \_\_\_\_\_ **Division:** \_\_\_\_\_

Proof of Age: \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Proof of Black Belt Rank \_\_\_\_\_

## 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 Mississippi State Judo Championships and/or the Mississippi Open Judo Tournament and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, Mississippi Judo, Inc., State of Mississippi, Academy of Japanese Martial Arts, Clinton Baptist Healthplex.

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 to not only 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, United States Judo Association, Mississippi Judo, Inc., State of Mississippi, Academy of Japanese Martial Arts, Clinton Baptist Healthplex, 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 event, 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 by 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. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.**

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AE 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 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 participants as to the above warnings and conditions and their ramifications.

\_\_\_\_\_  
Parent/Guardian's Printed Name

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

\_\_\_\_\_  
Date

**Note to coaches, parents, and competitors. This form MUST be signed by all parties before a Junior competitor will be allowed to compete in Senior Divisions. ABSOLUTELY NO JUNIOR WITHOUT THE CONSENT FORM SIGNED BY THE COMPETITOR, COACH, AND PARENT WILL BE ALLOWED IN SENIOR DIVISIONS.**

## Consent for Junior Player to Compete in Senior Divisions

This certifies that \_\_\_\_\_ (name of competitor) is at Least 15 years old and of sufficient skill, aptitude, and maturity to compete in the *senior open belt division* at the Mississippi State Judo Championships and/or the Mississippi Open Judo Tournament. The competitor, coach, and parent certify that they understand that the junior competitor will be competing under the rules governing the senior division competitions and may be subjected to all techniques allowable in that division.

\_\_\_\_\_  
Printed name of competitor                      Competitor's signature                      Date

\_\_\_\_\_  
Printed name of competitor's coach                      Coach's signature                      Date

\_\_\_\_\_  
Printed name of competitor's parent/guardian                      Parent/Guardian's signature                      Date



## REQUEST FOR JUNIOR DIVISION CHANGE

I/we the undersigned parent(s) or legal guardian(s), and I, the coach of \_\_\_\_\_ (contestant), Hereby express our consent and approval that he/she may enter the (\_\_\_) next higher weight group, in the same age group, or (\_\_\_) next higher age group, at the same weight group in the Mississippi State Judo Championships and/or the Mississippi Open Judo Tournament. We are fully aware that this is not the normal age/weight division for him/her. We are further aware that persons entering this division may be older, heavier and/or more experienced than him/hr and that there will be no age waiver for chokes if he/she is allowed to enter the divisions for 13 and older.

\_\_\_\_\_  
Printed name of competitor                      Competitor's signature                      Date

\_\_\_\_\_  
Printed name of competitor's coach                      Coach's signature                      Date

\_\_\_\_\_  
Printed name of competitor's parent/guardian                      Parent/Guardian's signature                      Date

Instructors must complete the following Certificate for competitors who are competing in the **Senior ,Masters, and Novice Divisions** and do not hold the rank of at least 1<sup>st</sup> Degree Black Belt:

### **CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS**

I, \_\_\_\_\_, a Judo Instructor, who has been awarded the Judo 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 the Senior and/or Masters divisions.

**A copy of my proof of rank (rank certificate or my USJI membership card having the verification Symbol “(V)” printed following my rank) is attached.**

\_\_\_\_\_  
Signature of Judo Instructor

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### **CERTIFICATE OF UNITED STATES CITIZENSHIP AND AGE**

I certify that I am a citizen of the United States of America and \_\_\_\_\_ years of age as of \_\_\_\_\_.

**A Copy of my birth certificate, passport, baptismal record or my USJI membership card having the verification symbol “(V)” printed following my date of birth is attached.**

\_\_\_\_\_  
Signature of parent or guardian if  
Contestant is under 18 years of age.

\_\_\_\_\_  
Signature of Contestant

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### **POWER OF ATTORNEY**

**If contestant is under the age of 18 years, this document must be completed by the contestant’s parents or legal guardian if the parent or legal guardian is not attending the Championship.**

I certify that I am the parent or legal guardian of \_\_\_\_\_, a minor. I will not be in attendance at the championships 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

# CONSENT FORM FOR GIRLS AGE TEN (10) AND UNDER TO COMPETE WITH BOYS IN THE SAME AGE BRACKET

RULE: Girls, ten years of age and younger, shall be allowed to compete with boys in the same bracket, whenever there are no other or an insufficient number of girls against whom it is appropriate to compete. Among the reasons for concluding that a girl does not have the opportunity to compete against other girls are material discrepancies in weight, age, and rank. Competitors and their parents will be made aware before such a match that it is a mixed division, and competitor, parents/guardians and coaches must sign this consent form before a girl will be allowed to compete in a mixed division.

**ABSOLUTELY NO GIRL AGE TEN OR UNDER WILL BE ALLOWED TO COMPETE WITH BOYS IN THE SAME AGE BRACKET WITHOUT THIS CONSENT FORM SIGNED BY THE COMPETITOR, COACH, AND PARENT/GUARDIAN.**

This certifies that \_\_\_\_\_, (print name of competitor) a female age ten (10) or under, is allowed to compete with boys in the same age bracket at the Mississippi State Judo Championships and/or the Mississippi Open Judo Tournament \_\_\_\_\_ (date). The competitor, coach, and parent/guardian hereby certify that they understand that the female competitor may be competing against boys in a mixed division, and that they consent to such competition in a mixed division.

\_\_\_\_\_  
**Printed name of competitor**

\_\_\_\_\_  
**Competitor's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of competitor's coach**

\_\_\_\_\_  
**Coach's signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of competitor's parent/guardian**

\_\_\_\_\_  
**Parent/Guardian's signature**

\_\_\_\_\_  
**Date**

## Area Lodging

<b>CLINTON, 39056</b>		
<b>Econolodge</b>	103 Clinton Center Drive	601-924-9364
<b>Comfort Inn</b>	5010 Hampstead Blvd	601-925-8250
<b>Days Inn</b>	482 Springridge Road	601-925-5065
<b>Hampton Inn</b>	493 Springridge Road	601-925-9393
<b>Holiday Inn Express</b>	495 Springridge Road	601-708-0400
<b>Best Western Ridgeland</b>	102 Clinton Loop Drive	601-926-4323
<b>Quality Inn</b>	103 Johnston Place	601-924-0064
<b>Super 8</b>	201 Johnston Place	601-925-4040
<b>JACKSON</b>		
<b>Best Western Metro</b>	1520 Ellis Avenue	601-355-7483
<b>Best Western Northeast</b>	5035 I-55 N Frontage Road	601-982-1011
<b>Comfort Inn Southwest</b>	2800 Greenway Drive	601-922-5600
<b>Days Inn Coliseum</b>	804 Larson Street	601-352-7387
<b>Days Inn Metro</b>	2355 Hwy. 80 W	601-948-0680
<b>Econo Lodge</b>	5925 I-55 North	601-357-5500
<b>Holiday Inn Southwest</b>	2649 Hwy 80 W	601-355-3472
<b>Ramada Coliseum</b>	400 Greymont Avenue	601-969-2141
<b>Ramada Inn Southwest</b>	Ellis Ave & I-20 W	601-944-1150