



53rd ANNUAL TWIN FALLS-CSI JUDO CHAMPIONSHIPS April 23, 2016

- WHAT:** TWIN FALLS - CSI JUDO CHAMPIONSHIPS - JUNIOR, SENIOR, AND TEAM COMPETITIONS.
- WHEN:** April 22, 2016 – Weigh-ins from 6:00 p.m. to 8:00 p.m.
April 23, 2016— Weigh-ins begin at 7:30 a.m.; Shiai begins at 9:30 a.m. (MST),
- WHERE:** College of Southern Idaho Gymnasium; 315 Falls Avenue; Twin Falls, Idaho 83301
- SANCTION:** Sanctioned by United States Judo Federation, Inc., Sanction # 16-04-08
- ELIGIBILITY:** Proof required from all players as to current registration with USJF, USJI, or USJA.
- ENTRY FEES:** \$30 initial division, \$10 for each additional individual division. Each division requires an entry form and waiver.
- WEIGH-IN & REGISTRATION:** Friday, April 22, 5:00 p.m. - 8:00 p.m.
Saturday, April 23, 7:30 a.m. - 11:00 a.m.
10 years old and under must weigh and register before 8:30 a.m., April 23
11 – 16 years must weigh and register before 9:30 a.m. on April 23
Registration closes at 10:00 a.m. on April 23, 2016 for all competitors.

**REFEREE and
OFFICIALS MEETING:**

Regional Certified Referees or higher certification is recommended to work this event. Robert Suyehira will be the Head Referee. **Officials, coaches and referees will be meeting at 8:30 am in CSI Booster Room (104). All referees, table officials and medical support staff are asked to attend.** All referees will conform to the proper IJF dress code with the following exceptions: White polo shirts, no tie or jacket

Tournament Director: Bryan Matsuoka

**ALL WAIVERS, ENTRY FORMS, AND OTHER PERTINENT DOCUMENTS MUST BE PROPERLY COMPLETED
OR ENTRY WILL NOT BE ACCEPTED!!**

DIVISIONS: All contestants will be grouped in pools according to age, weight and rank. All pools will be round robin. Current IJF golden score rules and times will apply. Match times are as follows:

2 minutes -	Junior Divisions (12 years and younger)
3 minutes -	Intermediates (13 – 16 years), Senior White Belt/Novice
5 minutes -	Brown Belt Divisions, Black Belt Divisions

SCORING: Winning contestants in each match will be awarded points according to level of win as follows:

1

Tournament Director reserves the right to make any changes in the interest of safety. Coaches, Instructors, & Parents will have an opportunity to review the categories and confirm their child's /athlete's suitability for participation

Ippon = 5 pts.	Wazaari = 4 pts.	Yuko = 3 pts.	Violation = 1 pt.
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Juniors 12 years and under

1. Most points
2. Most wins, if points are tied
3. Results of prior or final head to head match if points and wins are tied

Intermediates and Older

1. Most wins
2. Most points, if wins are tied
3. Result of prior or final head to head if points and wins are tied

RULES: Current IJF Contest Rules will apply with the following modifications:

- o CARE system will not be used; one (1) on-mat referee and two (2) mat side referees
- o Contest area will be 7m x 7m with a minimum of 3 meter safety area; 4 meters between adjoining contest areas
- o Chokes (shime-waza) are only allowed for competitors 13 years old and older.
- o Arm-locks (Kansetsu-waza) are allowed in the Brown and Black Belt divisions only and must be at least 15 years or older
- o Gi size rules will adhere to measurements used in 2014. IJF Certified Gi is not required.
- o Competitors who elect to move up a division are subject to the rules of the division that they are competing.

There will be a special award for "Outstanding Junior Judoka" (16 & under)

Team Exhibition Matches –

Teams will match contestants in similar size and weight of team members. Competitors must have been entered in one division to be eligible to compete in the team event.

Senior Divisions

- White Belt division with weight group divisions.
- Brown belt division players must be 4-kyu or higher rank.
- Black belt division players must be 1-kyu or higher rank.

CSI Judo Club will present the CSI "Golden Eagle Award" for Outstanding Senior Judoka and the AI Benkula Fighting Spirit Award.

Dojo Rosters are appreciated by Monday, April 18, 2016

Email/fax entries to: Bryan Matsuoka, Fax (208) 445-1492; voice (208) 732.6451; bmatsuoka@csi.edu

Accommodation Options:

Holiday Inn Express \$89 + tax. Guests may call the hotel directly at 208-733-6001 prior to April 15, 2016 and request a reservation in the CSI Judo block. Breakfast is included.

Hampton Inn, \$89.00 + tax. Guests may call the hotel directly at 208.734.2233 prior to April 15, 2016. 1658 Fillmore Street, Twin Falls, ID 83301

Fairfield Inn and Suites, \$85 + tax. Call 208.734.8444 and ask for the CSI rate. 1788 Washington Street North, Twin Falls. ID 83301 <http://www.marriott.com/twftw>

53rd Annual TF/CSI Championships 2016 - AGENDA

Date/ Time	Location	Description
Friday		April 22, 2016 – Weigh-ins
6:00 PM – 8:00 PM	Northeast Balcony CSI Gymnasium	Weigh-ins
7:30 – 8:30 PM	CSI Main Gym Floor	Light Practice for Registered Competitors
		And instructors with waivers and membership cards
Saturday		April 23, 2016 – Tournament
7:30 - 8:30 AM	CSI Gym	10 years and under weigh-ins
8:31 – 9:00 AM	CSI Gym	11 – 16 years old weigh-ins
9:01 – 10:00 AM	CSI Gym	Senior weigh-ins
8:30 AM – 9:00 AM	CSI Gym West Balcony	Referee and Officials Meeting: Mr. Robert Suyehira
9:00 AM	CSI Main Gym Floor	Opening Welcome: Blue Grass by Jonah Ruf, Jesse and Tully Stroup
9:10 AM	CSI Main Gym Floor	Junior Competitors Warm-up
9:30 AM	CSI Main Gym Floor	Junior Competition/ Intermediate Warm-up
	CSI Main Gym Floor	Intermediate Competition/ Seniors Warm-up
	CSI Main Gym Floor	Senior Competition
	CSI Main Gym Floor	Team Competition
	CSI Main Gym Floor	Clean-up

PLEASE COMPLETE BOX

TWIN FALLS/ CSI JUDO CHAMPIONSHIPS
April 23, 2016
College of Southern Idaho Gymnasium
315 Falls Avenue; Twin Falls, Idaho 83301

Circle one: MALE FEMALE

Circle one: 1ST EVENT 2ND EVENT

YOUR AGE: _____ YEARS

RANK: _____

TIME IN JUDO: _____ YEARS

DIVISION: _____

OFFICIAL REGISTRATION—USJF #16-04-08

(signatures required on the WAIVER, see back of this sheet or attached)

NAME: _____
First Middle Initial Last

ADDRESS: _____
Street

City State Zip code

TELEPHONE: () _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: ____ / ____ / ____ DOJO: _____
month / day / year

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: _____

Parent/Legal Guardian Consent for Competitors under 18 Years of Age:

I, the undersigned parent or legal guardian of the named contestant

_____, have read and understand the
Print Name of Contestant

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

>>>>> DO NOT WRITE BELOW THIS LINE <<<<<

Proof of Membership and insurance: (circle) USJF USJI USJA # _____

Weight: _____ By: _____ Expiration Date: ____ / ____ /201

Paid: \$ _____ cash/ck # _____ Approved : _____

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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Inc., Southern Idaho Judo Institute, Twin Falls School District #411, College of Southern Idaho, Bryan J. Matsuoka, and Jayne D. Matsuoka**, 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, 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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Daiheigen Judo Yudanshakai, Inc., Southern Idaho Judo Institute, Twin Falls School District #411, College of Southern Idaho, Bryan J. Matsuoka, and Jayne D. Matsuoka**, 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