



ILLINI JUDO in co-operation with the National Collegiate Judo Association

Proudly presents

Illini Judo Midwest Championship

Collegiate, Senior & Masters
Judo Tournament

Sunday, March 13, 2016

Leonhard Recreation Center

2307 Sangamon Drive

Champaign, IL 61821

DAYLIGHT SAVINGS TIME – SET CLOCKS AHEAD 1 HOUR

Illini Judo

Shin Jong Cheol, 4th dan – Head Instructor
University of Illinois – Campus Activities and Recreation Center
201 E Peabody Drive, Champaign, IL 61820

Grace Talusan, Shodan – Tournament Director
Head Referee – David Smith, IJF-A
United States Judo Federation Sanction #16-03-12



TOURNAMENT INFORMATION

LOCATION

The tournament will be held at Champaign Park District's Leonhard Recreation Center, 2307 Sangamon Drive, Champaign, IL. FREE parking is available at the venue.

ACCOMMODATIONS

The official hotel for our tournament is Courtyard Champaign – Marriott. 1811 Moreland Blvd, Champaign, IL 61822. (217) 355-0411. Please mention ILLINI JUDO when making reservations. A complimentary breakfast will be served for any affiliates of Illini Judo. [Book your group rate for Illini Judo here.](#)

TOURNAMENT SCHEDULE

Saturday, March 12, 2016

5pm – 9pm WEIGH-INS (all divisions) - Courtyard Champaign - Marriott

Sunday, March 13, 2016 – **SET CLOCKS AHEAD!!!**

9am – 10am –Registration & WEIGH-INS (all divisions)

10:15am – Opening Ceremonies

10:30am – Collegiate divisions begin

11:45am – Non-college divisions begin

2:55pm – Last match

WEIGH-INS

Official registration and weigh-in will be offered on both the evening before (at Courtyard Champaign - Marriott) and the morning of the tournament at the venue. Please note the later weigh-in time for senior and master non- collegiate divisions.

**PLEASE SET YOUR CLOCKS AHEAD –
MARCH 13 IS DAYLIGHT SAVINGS TIME**

Illini Judo Midwest Championship 2016

United States Judo Federation Sanction #16-03-12

Date: Sunday, March 13, 2016

Tournament Site: Leonhard Recreation Center, 2307 West Sangamon Dr, Champaign, IL 61821

Registration & Weigh-in:

9am – 9:45am for Collegiate Division only. **SET CLOCKS AHEAD 1 HR!!!**

Failure to make weight in standard division will incur a \$15 penalty.

10:30am – 11:30am - Senior & Master non-college divisions

Entry Fee:

Pre-registration fee by March 7, 2016:

First Division \$45.00/Second Division \$20.00

Entry Fee after March 8, 2016:

First Division \$60.00 / Second Division \$40.00

Entries with incomplete or missing information will be considered walk-up registrations unless the required material is received before March 7, 2016. NO REFUNDS

Send completed pre-registration by March 7, 2016 to

Ary Zhang, 310 E Springfield Ave. #1704, Champaign, IL 61820.

Make checks payable to ILLINI JUDO

Opening Ceremonies: 10:15am. Competition to follow

Tournament Director:

Grace Talusan, (646) 831-5483, email: gracetalusan@mchsi.com

CONTEST RULES:

1. Current IJF Rules as modified:
No kansetsu-waza in Novice divisions
2. Judogi: Contestants are encouraged to bring 2 GIs (1 blue & 1White). First called contestant must wear white Gi. Second called must wear a blue Gi, or a white Gi with blue sash or belt..
BLUE AND WHITE BELTS WILL NOT BE PROVIDED
TWO BLUE GI'S WILL NOT BE ALLOWED TO FIGHT.
3. Novice is 3 minutes; Advanced Men - 4 Minutes; Female 4 minutes
4. CARE system will be in effect.
5. There will be two contest areas. Contest area will be 8 x 8 meters. Safety area will be 4 meters to adjoining mats and 3 meters everywhere else.

Divisions:

NCJA – MIDWEST REGIONAL COLLEGIATE DIVISION

Novice Division (Green belt and below) – 3 minutes

Males & Females: LIGHT/MED/HEAVY (tournament director to determine as fairly as possible)

Standard Division – (All Ranks – 4 minutes)

Males: 55kg, 60kg, 66kg, 73kg, 81kg, 90kg, 100kg, +100kg

Females: 44kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

SENIOR DIVISION

Novice division (green belt and below) – 3 minutes

Males & Females: LIGHT/MED/HEAVY (tournament director to determine as fairly as possible)

Advanced division (Males and females) – 4 minutes

LIGHT/MEDIUM/HEAVY (tournament director to determine as fairly as possible)

MASTER DIVISION

Novice and advanced division (Male and female) – 3 minutes

LIGHT/MEDIUM/HEAVY (tournament director to determine as fairly as possible)

10 year increments for masters division – 30-39, 40-49, 50-59, etc. (tournament director to determine as fairly as possible)

Competition Method:

Round Robin will be the elimination if five or less. Modified double elimination will be used with 6 or more.

Awards: Medals will be awarded for 1st, 2nd, and 3rd in each division. Team trophies will be awarded for 1st, 2nd, and 3rd place in team points. Points will be awarded according to the following schedule – 1st place – 10pts, 2nd place – 7pts, 3rd place – 5pts. The cup will be awarded to the team with the most medals.

COLLEGIATE DIVISION Eligibility

1. A member in good standing with USJF, USA Judo or USJA. A copy of your current membership card will be required at registration.
2. Is between 17 years of age and 28 years of age as of the date of the tournament. Proof of age consisting of birth certificate, passport, or current USJF, USA Judo membership card having the age verification symbol “V” printed.
3. If under 18 years of age must have a completed Heads-Up Waiver Completed and signed by participant and parent or guardian.
4. Is currently enrolled as a full-time student in an accredited college or university. The student must carry no less than 12 semester hours or 12 quarter hours.
5. To compete in the NCJA – Midwest Regional Collegiate division, contestants must be affiliated with the NCJA either through their team or as an individual.

SENIORS/MASTERS DIVISION

1. A valid card from USJF, USA Judo, or USJA **must** be presented at registration by all competitors. Competitors who are citizens of other countries may show a valid card from their country’s national judo organization. There will be no exceptions. **If you do not have a valid card with you, you must purchase a USJF registration to compete.**
2. Seniors/Masters do not have to be college students to enter this division.

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., Chicago Judo Yudanshakai, Inc., Illini Judo, University of Illinois of Urbana-Champaign, State of Illinois, the Trustees of Illinois State University, all other departments, boards, commissions, officers, employees, agents, contractors, invitees, and any Departments/Programs of University of Illinois of Urbana-Champaign**, 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., Chicago Judo Yudanshakai, Inc., Illini Judo, University of Illinois of Urbana-Champaign, State of Illinois, the Trustees of Illinois State University, all other departments, boards, commissions, officers, employees, agents, contractors, invitees, and any Departments/Programs of University of Illinois of Urbana-Champaign**, 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

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OFFICIAL ENTRY FORM Illini Judo Midwest Championships

Send pre-registration by **March 7, 2016** to Ary Zhang, 310 E. Springfield Ave. #1704, Champaign, IL 61820.

MAKE CHECKS PAYABLE TO ILLINI JUDO.

SENIORS/MASTERS DIVISION

Contestants Name: _____
 LAST FIRST MI

Address, City, State, & Zip Code _____

Phone number _____ Email address _____

Dojo _____ Instructor's name _____

(Please circle one) USA Judo / USJA / USJF # _____ Expiration date _____ Rank _____

Date of birth: ____/____/____ Gender (circle one) M F

Emergency contact name _____ Phone number _____

Actual Weight _____

Please circle the division in which you desire to compete SENIOR MASTER

If assistance/accommodation is needed (please circle)

VISION LOSS/BLINDNESS HEARING LOSS/DEAFNESS OTHER _____

Type of assistance/accommodation requested or name of person assisting _____

SENIORS DIVISION (circle appropriate choices) NOVICE ADVANCED

Females: LIGHT / MEDIUM / HEAVY Males: LIGHT/MEDIUM/HEAVY

MASTERS DIVISION (circle appropriate choices) NOVICE ADVANCED

Females: LIGHT / MEDIUM / HEAVY Males: LIGHT/MEDIUM/HEAVY

CURRENT AGE: _____

Signature & Date: _____ /____/_____

Make Checks payable to ILLINI JUDO
A separate form must be filled out for each division

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ELIGIBILITY

Coach Verification of Eligibility for Collegiate Athletes

Student Name: _____

1. Is a current member of USJF, USJA or USA JUDO YES NO

2. Is between 17 and 28 years old as of the date of the tournament. YES NO

I, _____, the coach of the above player declare that all of the above formation given about the competitor is true to the fullest extent of my knowledge.

Coach's Signature: _____ Date ____/____/____

Coach Rank: _____ Dan Association granting rank: USJF/ USJI/USA Judo

INSTITUTION VERIFICATION of ELIGIBILITY

Name of School _____

Student's Name _____

University ID Number: _____

1. Is enrolled Full time in University/College he/she wishes to represent? YES NO

2. Is the student considered to be in good standing? YES NO

Signature of the Registrar: _____ Date ____/____/____

A "NO" response on any of the above questions will indicate ineligibility

PLACE INSTITUTIONAL SEAL HERE

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HEAD UP WAIVER

For those under 18; this form must be signed by the parent or guardian and minor

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully

managed and monitored by a health care professional.

Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

By my name and signature below, I acknowledge in accordance with Public Acts 342 or 2012 that I received and reviewed this concussion educational material.

Student-athlete name printed

Student-athlete name signed

Date

Parent or Guardian name printed

Parent or Guardian name signed

Date

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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 these Championships.

A copy of my proof of rank (rank certificate, USA JUDO membership card having the verification symbol "(V)" printed following the rank, or rank card issued by USJA or USJF National Offices) is attached.

Signature of Judo Instructor

POWER OF ATTORNEY

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

PARENTAL CONSENT FOR A JUNIOR COMPETITOR TO ENTER SENIOR COMPETITION

Contestant: _____ Age: _____ Sex: _____

Rank: _____

Parent's Name: _____ Phone: _____

Coach's Name: _____ Phone: _____