



# 2010 Texas Judo Inc. Youth Scholastic Championships



HOST: Texas A&M University Judo Team

DATE: February 20, 2010

LOCATION: **Room 351 G Rollie White (NOT STUDENT RECREATION CENTER)**  
Texas A&M University  
College Station, Texas

SANCTION: Texas Judo Inc. **pending**

WEIGH-IN: All weigh ins – 262 G ROLLIE - TAMU JUDO PRACTICE ROOM  
Friday February 19 - 8:00-10:00 pm  
Saturday February 20 - 8:00 -11:00 am

**Competition will begin @ 12:00 pm**

MEDICAL: Texas A&M University Emergency Medical Technicians

ELIGIBILITY: USA Judo /USJF /USJA - Available at registration

ENTRY FEE: \$30.00

MATCH TIMES: BANTAM, INTERMEDIATE AND JUVENILE A - 3 Minutes  
JUVENILE B AND IJF JR – 5 Minutes

DIVISIONS: Youth Categories of Competition and Weight Divisions: Each Category is based solely on the year in which the contestant was born. The contestant's actual age on the day of competition is irrelevant. All Weights listed below are in kilograms.

BANTAM 1 (Born 2004): Female & Male: 19, 23, 28, +28 kg	INTERMEDIATE 2 (Born 1998-1999): Female AND Male: 28, 31, 34, 38, 42, 48, 53, +53 kg
BANTAM 2 (Born 2003): Female & Male: 21, 25, 30, +30 kg	JUVENILE A (Born 1996-1997): Female AND Male: 36, 40, 44, 48, 53, 58, 64, +64 kg
BANTAM 3 (Born 2002): Female & Male: 23, 27, 31, 35, +35 kg	JUVENILE B (Born 1994-1995): Female: 40, 44, 48, 52, 57, 63, 70, +70 kg Male: 50, 55, 60, 66, 73, 81, 90, +90 kg
INTERMEDIATE 1 (Born 2000-2001): Female & Male: 26, 30, 34, 38, 43, +43kg	IJF-Junior (Born 1991 or later): Female: 44, 48, 52, 57, 63, 70, 78, +78 kg, Open Male: 55, 60, 66, 73, 81, 90, 100, +100 kg, Open

RULES: Current (2009) IJF rules (modified).  
**Competitors are required to bring their own white and blue belts – BELTS NOT PROVIDED**  
A match between two competitors with blue gis will not be permitted.

ShimeWaza (Strangling techniques) will be allowed in Juvenile A and Juvenile B  
Kansetsu Waza (Arm locks) prohibited for all Bantam, Intermediate and Juvenile competition,  
Kansetsu Waza (Arm locks) **allowed in the IJF Junior Divisions.**

Modified Double elimination 5 or more  
True Double elimination for 4 or less competitors  
Tournament Directors may adjust weight categories, divisions and brackets if necessary

DIRECTOR:

Bob Perez  
979-218-4582  
bobperez@tamu.edu

Dan Gomez  
832-545-4522  
tamujudo@gmail.com

John Ahn  
832-722-8453  
ahnjohn88@neo.tamu.edu

WEBSITE:

<http://www.aggiejudo.com>

### Hotel Information:

Hampton Inn

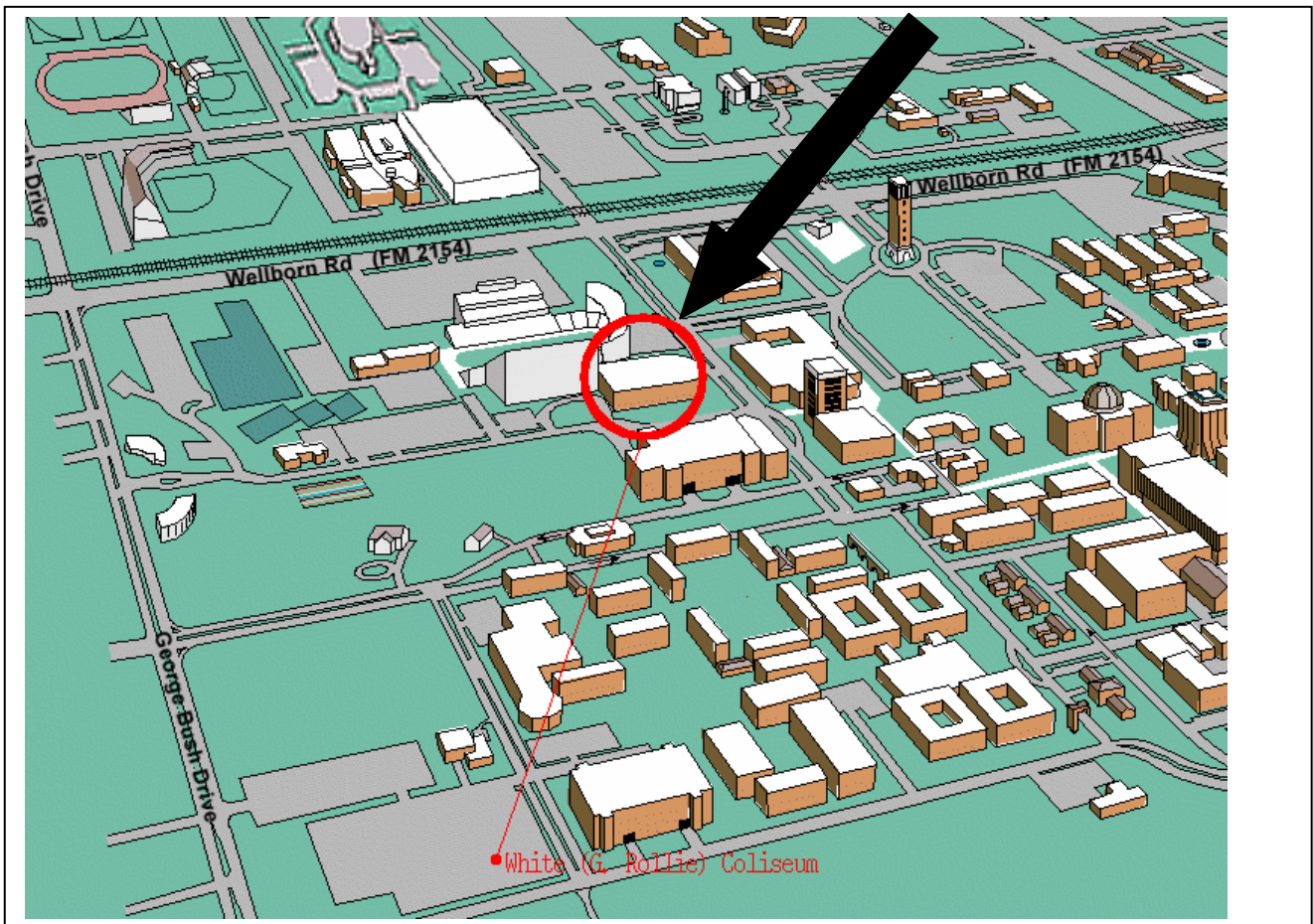
800-426-7866 / 979-846-0184 \$85.00 per night Mention Judo tournament for price

Hampton Inn  
Best Western  
Comfort Inn  
Fairfield Inn  
Super 8  
La Quinta  
AMERISUITES  
HAWTHORN SUITES

800-426-7866 / 979-846-0184  
800-267-7750 / 979-260-9150  
800-228-5150 / 979-846-7333  
800-228-2800 / 979-268-1552  
800-848-8888 / 979-846-8000  
800-531-5900 / 979-696-7777  
979-846-9800  
979-695-9500

HOLIDAY INN HOTEL & SUITES - AGGIELAND 979-485-8300  
Hilton 800-Hiltons / 979-693-7500  
EZ Travel 979-693-5822  
Motel 6 800-466-8356 / 979-696-3379  
Holiday Inn 800-447-2531 / 979-693-1736  
CLARION HOTEL 979-693-1736  
COMFORT SUITES AGGIELAND 979-680-9000  
HOLIDAY INN EXPRESS HOTEL & SUITES 979-846-8700

**G ROLLIE BUILDING  
TOURNAMENT SITE**





2010 Texas Judo Inc.  
 Youth Scholastic Championships  
 Texas A&M University  
 College Station, TX  
 February 20, 2010



<b>OFFICIAL USE ONLY :</b>	
USJI / USJA/ USJF Card # _____	
Pay Amount _____ Cash _____ Check # _____	
Division _____	Weight _____

Competitors are required to bring their own white and blue belts as recently approved by Texas Judo, Inc.

Name \_\_\_\_\_ Rank \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Circle One: Male / Female  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Club \_\_\_\_\_ USJI/USJF/USJA # \_\_\_\_\_ Exp Date \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_  
**PLEASE CIRCLE YEAR BORN**

BANTAM 1 (Born 2004): Female & Male: 19, 23, 28, +28 kg	INTERMEDIATE 2 (Born 1998-1999): Female AND Male: 28, 31, 34, 38, 42, 48, 53, +53 kg
BANTAM 2 (Born 2003): Female & Male: 21, 25, 30, +30 kg	JUVENILE A (Born 1996-1997): Female AND Male: 36, 40, 44, 48, 53, 58, 64, +64 kg
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**CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS**

I, \_\_\_\_\_, a Judo Instructor, who has been  
 (Name of Instructor) 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  
 U.S. Judo Association, U.S. Judo Federation, Inc., U.S. Judo, Inc

\_\_\_\_\_  
 Signature of parent or legal guardian  
 (c) February 1997

Please mail registration to the following address  
 below:  
 Texas A&M University Judo Team  
 Mail Stop 4250  
 College Station, Texas 77843-4250  
 Makes Checks PAYABLE to Texas A&M Judo

For More information  
 Bob Perez  
 979-218-4582  
 aggiejudo@tamu.edu  
 bobperez@tamu.edu  
 http://aggiejudo.com

**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 2010 Texas Judo Inc Youth State Championships and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, United States National Collegiate Judo Association, Texas A&M University, Texas Judo Inc., Texas A&M Department of Recreational Sports, Texas A&M Judo and its officers, 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., the United States Olympic Committee, United States Judo Federation, United States Judo Association, United States National Collegiate Judo Association, Texas A&M University, Texas Judo Inc., Texas A&M Department of Recreational Sports, Texas A&M Judo and its officers, 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 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. 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 EVIDENCED BY THEIR SIGNATURE BELOW.**

Participant's Printed Name	Participant's Signature	Date
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**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT 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 participant as to the above warnings and conditions and their ramifications.

Participant's Printed Name	Participant's Signature	Date
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**JUDO CAMP & ENRICHMENT PROGRAM**  
**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

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1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of TJI Youth Scholastic Championships (herein referred to as "camp"), which is sponsored by TEXAS A&M JUDO, (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to TJI Youth Scholastic Championships, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility.

I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.

I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Participant Signature: \_\_\_\_\_

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

Participant's Date of Birth: \_\_\_\_\_

Parent or Legal Guardian Signature: (If Participant is -  
18years

\_\_\_\_\_

Parent or Legal Guardian Printed Name: (If Participant is under  
years old)

In case of emergency, contact \_\_\_\_\_

at the following number

If the participant has medical insurance, please indicate:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Primary Policy Holder: \_\_\_\_\_

Please list any special services your child may require \_\_\_\_\_