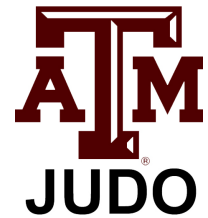


2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships



HOST: Texas A&M University Judo Team

DATE: February 18, 2012

PRE-REGISTRATION: Registration must be postmarked on or before **February 11, 2012**

LOCATION: **351 G Rollie White (OLD GYMNASIUM) – NOT THE REC CENTER**  
Texas A&M University  
College Station, Texas

**NO FOOD CONCESSIONS AT THIS LOCATION -  
PLEASE PROVIDE YOUR OWN LUNCH AND DRINKS.**

SANCTION: Texas Judo Inc. pending

WEIGH-IN: **All weigh ins – 262 G ROLLIE - TAMU JUDO PRACTICE ROOM**  
Friday February 17 - 8:00-10:00 pm (all divisions)

Saturday February 18 - 8:00 -9:30 am (College Divisions)

Saturday February 18 - 10:00 -12:00 pm (Senior, Masters) **No Novice division**

**KATA will need to preregister for this event.  
NO WALK UP Kata registration on Saturday.**

**Those competing in the College event do not have to weigh in again for the  
Senior Championships**

Competition: **Saturday Feb 18 – College 10:30 am**  
**Saturday Feb 18 – Kata - No earlier than 12:00 noon,**  
**Saturday Feb 18 – Masters and Senior division after the Kata event**

MEDICAL: Texas A&M University Emergency Medical Technicians

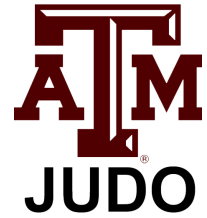
ELIGIBILITY: USJI, USJA, USJF Available at registration

ENTRY FEE: \$30.00 Pre Registered by **February 11<sup>th</sup>** or \$40 Walk up Registration (**after  
February 11<sup>th</sup>**).

MATCH TIMES: College – 5 Minutes  
MASTERS – 3 Minutes  
Seniors – 5 Minutes



**2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships**



**College Divisions –**

**Must be enrolled in a Texas college / university for the 2012 spring semester.** Must have the official university seal/stamp attached to the entry form.

Males: 55 kg, 60kg, 66kg, 73kg, 81kg , 90kg, 100kg, +100kg  
Females: 44 kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

**Senior Division –**

**Must have been born December 31, 1997 or earlier  
MUST BE a Texas RESIDENT**

**Masters Division – Over 30 Years old**

**MUST BE a Texas RESIDENT**

Males: 55 kg, 60kg, 66kg, 73kg, 81kg , 90kg, 100kg, +100kg  
Females: 44 kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

Masters: Ages 30-39, 40-49, 50-59, 60+

**RULES:** Current (2009) IJF rules (modified). Competitors are required to bring their own white and blue belts. All competitors must have at least a white gi and are encouraged to bring a blue gi as well. A match between two competitors with blue gis will not be permitted.

Golden Rule (overtime)

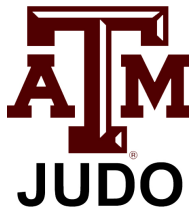
**Shime waza and Kansetsu waza** will be allowed in ALL divisions

**Method:** 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

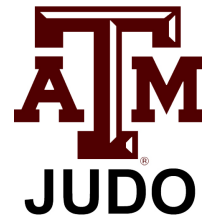
<b>DIRECTOR:</b>	Nathan Westbrook 361-455-8051 judoguy_nathan@hotmail.com	Bob Perez 979-218-4582 bobperez@tamu.edu	Dan Gomez 832-545-4522 tamujudo@gmail.com
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**WEBSITE:** <http://aggiejudo.com>

**Email:** [aggiejudo@tamu.edu](mailto:aggiejudo@tamu.edu)



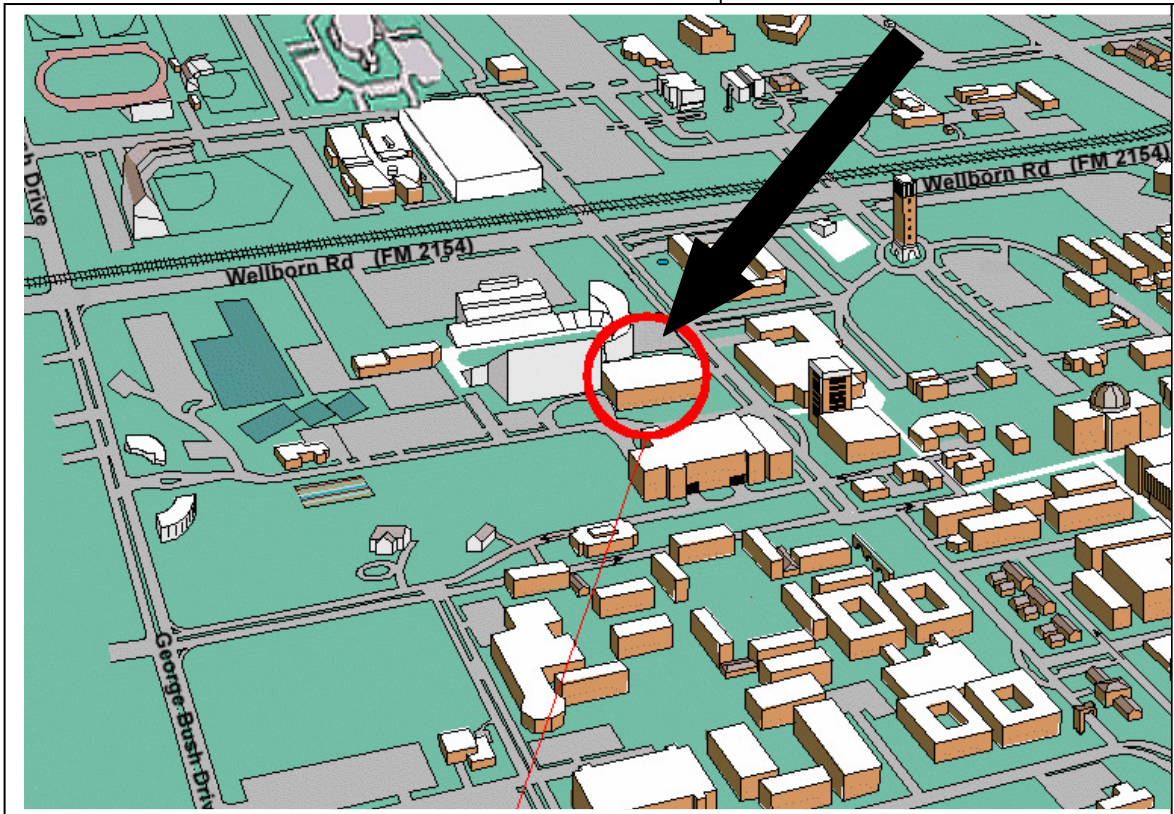
2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
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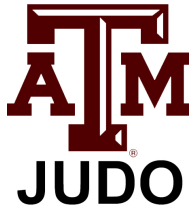


We do not have a host hotel. Please see the list below of hotels.

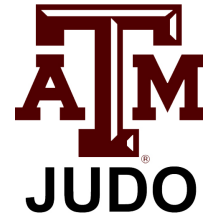
Hampton Inn	800-426-7866 / 979-846-0184	Holiday Inn	979-485-8300
Best Western	800-267-7750 / 979-260-9150	Hilton	979-693-7500
Comfort Inn	800-228-5150 / 979-846-7333	EZ Travel	979-693-5822
Fairfield Inn	800-228-2800 / 979-268-1552	Motel 6	979-696-3379
Super 8	800-848-8888 / 979-846-8000	Holiday Inn	979-693-1736
La Quinta	800-531-5900 / 979-696-7777	Clarion Hotel	979-693-1736
Amerisuites	979-846-9800	Comfort Suites	979-680-9000
Courtyard	979-695-8111	Hampton Inn & Suites	979-694-2100
Hawthorne Suites	979-695-9500	Holiday Inn and Suites	979-846-8700
Homewood Suites	979-846-0400	Howard Johnson	979-693-6810
Quality Inn Suites	979-695-9400	Ramada Inn	979-693-9891

**G ROLLIE BUILDING  
TOURNAMENT SITE**





**2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships**



**COLLEGE ENTRY FORM**

**Competitors must their own white and blue belts  
NO FOOD CONCESSIONS AT THIS LOCATION –  
PLEASE PROVIDE YOUR OWN LUNCH AND DRINKS.**

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

Makes Checks PAYABLE to Texas A&M Judo - \$30.00 Pre Registered **before February 11<sup>th</sup>**, or \$40 Walk up Registration  
**Texas A&M University Judo Team**  
 Mail Stop 4250  
 College Station, Texas 77843-4250

Name \_\_\_\_\_ Rank \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Circle One:** Male / Female

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

University/College \_\_\_\_\_ USJI/USJF/USJA # \_\_\_\_\_ Exp date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

DIVISIONS:            Males:            55kg, 60kg, 66kg, 73kg, 81kg ,90kg, 100kg, +100kg  
                              Females:            44kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

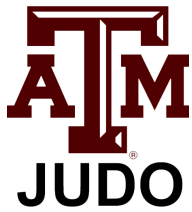
Signature \_\_\_\_\_ Date \_\_\_\_\_

University / College Name and Seal \_\_\_\_\_ University Status **Circle One:** Fr - So - Jr – Sr -Gr

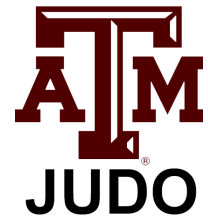
I hereby certify that the above named student is a full time student  
**ELIGIBILITY**

- 1) Undergraduate student athlete must be enrolled as a full time student, unless he/she is a graduating Senior
- 2) Graduate student athlete must be enrolled with 6 hours unless he/she will be graduating in May
- 3) A student may only compete in 4 Texas Collegiate Championships.

<b>For More information</b>		
Nathan Westbrook 361-455-8051 judoguy_nathan@hotmail.com	Bob Perez 979-218-4582 bobperez@tamu.edu <a href="http://www.aggiejudo.com">http://www.aggiejudo.com</a> aggiejudo@tamu.edu	Dan Gomez 832-545-4522 tamujudo@gmail.com



**2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships**



**SENIOR ENTRY FORM**

Competitors must their own white and blue belts

**NO FOOD CONCESSIONS AT THIS LOCATION –  
PLEASE PROVIDE YOUR OWN LUNCH AND DRINKS.**

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

Makes Checks PAYABLE to Texas A&M Judo - \$30.00 Pre Registered **before February 11th** or \$40 Walk up Registration  
**Texas A&M University Judo Team**  
**Mail Stop 4250**  
**College Station, Texas 77843-4250**

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 \_\_\_\_\_

DIVISIONS:            Males:            55kg, 60kg, 66kg, 73kg, 81kg ,90kg, 100kg, +100kg  
                              Females:            44kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

**MASTER ENTRY FORM**

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 \_\_\_\_\_

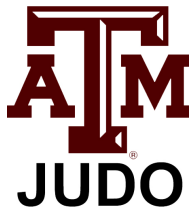
DIVISIONS:            Males:            55kg, 60kg, 66kg, 73kg, 81kg ,90kg, 100kg, +100kg  
                              Females:            44kg, 48kg, 52kg, 57kg, 63kg, 70kg, 78kg, +78kg

**Men Masters:** Age 30-39 \_\_\_\_\_ Age 40-49 \_\_\_\_\_ Age 50-59 \_\_\_\_\_ Age 60+ \_\_\_\_\_

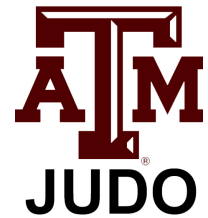
**Women Masters:** Age 30-39 \_\_\_\_\_ Age 40-49 \_\_\_\_\_ Age 50-59 \_\_\_\_\_ Age 60+ \_\_\_\_\_

<b>For More information</b>		
Nathan Westbrook 361-455-8051 judoguy_nathan@hotmail.com	Bob Perez 979-218-4582 bobperez@tamu.edu <a href="http://www.aggiejudo.com">http://www.aggiejudo.com</a> aggiejudo@tamu.edu	Dan Gomez 832-545-4522 tamujudo@gmail.com





**2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships**



**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 **2012 Texas Judo Inc State Championships (College, Senior, Masters, Kata)** 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

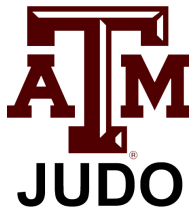
**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

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.

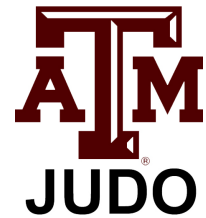
\_\_\_\_\_  
Participant's Printed Name

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

\_\_\_\_\_  
Date



2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships



**ONLY JUNIOR COMPETITORS (UNDER 18 YRS) – USE THIS FORM**  
JUDO CAMP & ENRICHMENT PROGRAM

**WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM**

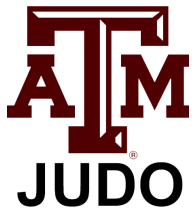
1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **2011 Texas Judo Inc State Championships (College, Youth/Junior, Senior, Masters, Kata )** (herein referred to as "camp"), which is sponsored by **TEXAS A&M JUDO**, (herein referred 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 **2011 Texas Judo Inc State Championships (College, Youth/Junior, Senior, Masters, Kata )**, 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.**

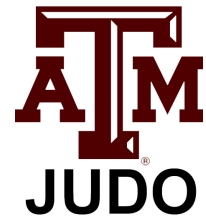
3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization 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



**2012 Texas Judo Inc.  
College, Senior, Masters, Kata  
State Championships**



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 18 \_\_\_\_\_

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 \_\_\_\_\_