

2010 OTC CLASSIC



Saturday May 29, 2010

Colorado Judo League, Sanction #CJL-FIVE-2010

United States Olympic Training Center
One Olympic Plaza
Colorado Springs, CO 80909

Directions:	I-25 to Bijou Street Exit (142) toward downtown. Turn Left onto Bijou. Turn Left onto Cascade. Turn right onto Boulder. Turn Left into the Olympic Training Center just past Memorial Hospital and just before Union Street. Ask at gate for Sports Center 1.
Eligibility:	NOVICE, JUNIOR, SENIOR & MASTERS DIVISIONS Any contestant, age 5 to adult, have a CURRENT USA Judo, USJA or USJF card. Contestants must present card at registration. USA Judo membership will be available on-site during tournament registration.
Tournament Directors:	Eddie & Tammie Liddie - 719-232-2742 or 719-866-4818 tammie.liddie@usoc.org
Entry Fee:	\$30.00 for the first division entered, \$10 for any additional divisions entered if application is POSTMARKED on or before May 22, 2010 . Entries received after will be charged \$40 per competitor and \$15 for additional divisions. Please make payment payable to "OTC Junior Judo Club."
Registration & Weigh-Ins:	Registration & Weigh-Ins will take place at the Olympic Training Center: Friday night, May 28, from 6:00 p.m. - 7:00 p.m. Saturday morning - day of competition May 29th: Juniors: 7:30 a.m. - 8:30 a.m. Seniors: 11:00 a.m. - 12:00 p.m. Or at the following locations the Thursday prior to the tournament: 6:30-7:30 pm at OTC Judo Club , Olympic Training Center Complex, One Olympic Plaza, Colorado Springs 7:00-8:00 pm at Northglenn Judo Club , Northglenn Community Center 11801 Community Center Drive, Northglenn The weigh-ins will be conducted according to rules set by the Colorado Judo League. All pre-registered participants need to verify weight and show current judo organization membership cards.

Walk-Up Registration:	At The Olympic Training Center Complex May 29th:		
Weigh-In:	Walk-up registrations will be taken after completely filling out and signing all required forms and paying the entry fee. All walk up registrants and pre-registered contestants who have NOT weighed in prior to the day of competition, must check-in, in person , to confirm participation and weigh-in during the following times. WEIGH-INS WILL CLOSE SHARPLY AS LISTED:		
	Juniors ONLY: 7:30 a.m. – 8:30 a.m.		
	Seniors and Masters ONLY: 11:00 a.m. – 12:00 p.m.		
Competition Begins:	Junior Roll Call 9:30 a.m. All Seniors Roll Call: 12:30 p.m.	Competition begins: Following Roll Call Competition begins: Following Roll Call	
Rules:	Modified Double Elimination for all pools with more than 5 competitors; 3 - 5 players will compete Round Robin. 2 competitors: Best 2 out of 3 matches. A competitor who voluntarily enters an age or weight division that is higher than his/her normal division must abide by the rules of that division. (See Special Rules for additional explanation) IJF Rules will govern. Choke holds will NOT be allowed in all Junior Novice and Junior ages 5-12 divisions. Arm locks will NOT be allowed in all Senior Novice, Junior Novice and Junior		
Match Times:	All Juniors, Masters & Senior Novice – 3 minutes All Seniors – 5 minutes		
JR. Novice Boys (White - Yellow/Orange)	Ages	5 - 18	To be determined by number of contestants
Junior Boys	Ages	5 - 6	Light, Middle & Heavyweight
		7 - 8	Light, Middle & Heavyweight
		9 - 10	Light, Middle & Heavyweight
		11 - 12	Light, Middle & Heavyweight
		13 - 14	Light, Middle & Heavyweight
		15 - 16	Light, Middle & Heavyweight
		17 - 18	Light, Middle & Heavyweight
JR. Novice Girls (White - Yellow/Orange)	Ages	5 - 18	To be determined by number of contestants
Junior Girls	Ages	5 - 18	EQUIVALENT TO JUNIOR BOYS ABOVE
Senior Novice Men & Women	Below Brown Belt – 15 & Up		Light, Middle, Heavyweight
Seniors Men & Women	All Ranks – 15 & Up		Light, Middle & Heavyweight
Masters Men & Women	30 Years Old & Older		Age/Weight Div. to be determined after weigh-in.
Awards	1 st , 2 nd and 3 rd place medals for each division.		
<i>Juniors 8 and Under may be combined into co-ed divisions depending on the number of entrants. All divisions are subject to change and/or combined, depending on number of participants. ANY SITUATION NOT COVERED BY THE ABOVE WILL BE DECIDED BY THE TOURNAMENT DIRECTORS AFTER CONSIDERING THE SAFETY OF, AND FAIRNESS TO ALL CONTESTANTS. DECISIONS BY THE TOURNAMENT DIRECTORS ARE FINAL!</i>			

2010 OTC CLASSIC ENTRY FORM

Saturday May 29, 2010

Enclosed is \$30.00 Entry Fee, \$10.00 for any additional division entered.

This must be postmarked by May 22nd – Do not mail after this date.

The entry fee after this date will be \$40.00 per entry - \$15.00 for any additional divisions entered.

Late registration is available the morning of competition from 7:30AM – 8:30AM only.

Make all checks payable to: <u>OTC Junior Judo club</u> and mail to:	OTC Junior Judo Club 6570 Quarter Cir. Rd. Colorado Springs, CO 80922
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NOVICE DIVISIONS (CHECK ONE) <input type="checkbox"/> NOVICE JUNIOR (White-Yellow/Orange) <input type="checkbox"/> NOVICE SENIOR (Below Brown)	STANDARD DIVISIONS (CHECK ONE) <input type="checkbox"/> JUNIOR Standard <input type="checkbox"/> SENIOR Standard <input type="checkbox"/> MASTERS
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SUBMIT A SEPARATE FORM FOR EACH DIVISION THAT ONE WISHES TO PARTICIPATE

<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	AGE _____ on May 29, 2010	WEIGHT _____ (lbs.)
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COACH VERIFICATION: I CERTIFY THAT THE PLAYER NAMED BELOW IS QUALIFIED IN SKILL LEVEL TO COMPETE IN THE CATEGORY CHECKED ABOVE.

SIGNED: _____ JUDO COACH

FIRST NAME:			
LAST NAME:			
STREET ADDRESS:			
CITY:			
STATE / ZIPCODE:			
EMAIL ADDRESS:			
BIRTHDATE MM-DD-YY			
JUDO CLUB:			
USJI, USJF, USJA #:			

I certify that all of the above information is correct.

Signature (Adult Contestant or Parent Guardian)

Please note: 1. It is mandatory that the enclosed liability waiver be signed in order to participate.
 2. Anyone failing to fill out the necessary forms can be disqualified from the tournament.

TOURNAMENT OFFICIAL USE ONLY		
ENTRY FEE PAID <input type="checkbox"/>	MEMBERSHIP & INSURANCE VERIFIED <input type="checkbox"/>	OFFICIAL WEIGHT: _____

2010 OTC CLASSIC JUDO TOURNAMENT

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 of USA Judo, United States Judo Association, United States Judo Federation, OTC Judo Clubs, United States Olympic Committee, Olympic Training Center, I hereby:

1. Acknowledge I am familiar with the sport of judo and understand the rules governing the sport of judo.
2. Agree that prior to participation, 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 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 a 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 the conditions of the premises or 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 that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waiver and discharge and covenant not to sue the USA Judo, United States Judo Association, United States Judo Federation, OTC Judo Clubs, Olympic Training Center, their affiliated clubs, their respective administrators, director, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, Eddie Liddie, Tammie Liddie, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of the premises used to conduct the event, all of whom are hereinafter referred to as "release's", from any and all claims, demands, losses, or damage on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release's 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 RISKS AND THE 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 (please print name)	Participant's Signature	Date

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

This is to certify, I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Release's, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Release's 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 /Guardian (please print name)	Parent / Guardian Signature	Date

PARTICIPANT CONSENT
TRANSPORTATION AND MEDICAL RELEASE

I hereby give consent for the USOC and the USOEC at Northern Michigan University to provide me with medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing, and meals associated with participation in programs conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Judo**. I authorize the USOC medical staff, under the supervision and protocol of the USOC physicians, to act as my agent to receive, procure, store, and issue any medications, which are prescribed for me. I understand that the medicines will be provided in non-child-safety resistant blister packs and will keep them out of the reach of children. In the event that emergency medical services are required, I hereby authorize the USOC to act to resolve such emergency without first obtaining my prior consent or the consent of my next of kin, parent, guardian, or any other individual.

If the program in which I am participating includes psychiatric, psychological, physiological and/or biomechanical evaluations, I consent to those evaluations, which pose no unusual risks or hazards when customary safeguards are observed.

I further authorize the exchange of medical information, including information regarding physiological and/or biomechanical evaluations, and psychological or psychiatric records, between the USOC medical staff members for the management of my care and treatment and the release of any such medical information necessary to process a claim for accident/medical payment insurance for an injury or illness incurred while I am participating in the program conducted at this United States Olympic Training Center (USOTC) and the USOEC at Northern Michigan University under the auspices of **USA Judo**.

I swear that I am in good physical condition and am able to fully participate in this program. I am not aware of any disease or injury that would result in my being injured during my participation in the sponsoring organization's programs at this USOTC and the USOEC at Northern Michigan University.

This Release shall remain valid for the entire calendar year in which it is executed (expiring on December 31 of that year) or until it is expressly revoked by written notice from me to the USOC, whichever occurs first; provided however, that any such revocation shall not in any manner affect the release given hereunder for any acts or occurrences prior to receipt of said written notice by the USOC or prior to the termination of my participation.

DRUG USE AND BLOOD DOPING

By registering at this USOTC and the USOEC at Northern Michigan University and in exchange for the privilege of participating in programs, I am consenting to be subject to drug testing (if selected) and the penalties applicable if found positive for a banned substance or employment of a banned method. I am aware that failure to comply with such testing will be cause for the same penalties as for those who test positive for a prohibited substance or method.

I know that if I have any questions about medications and banned substances or practices I may contact the U.S. Anti-doping Agency ("USADA") Drug Reference Line (1-800-233-0393) before, during or after my USOTC and the USOEC at Northern Michigan University stay. I understand, however, that the USADA Drug Reference Line is only advisory and that I have the absolute obligation and sole responsibility to avoid the use of any product which may contain a banned substance. The USADA Drug Reference Line cannot be reached from abroad.

X
Participant Signature

Date Signed: _____

FOR ATHLETES OF MINORITY AGE
(UNDER THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as the parent/guardian of this participant, have explained to my son/daughter the aforementioned stipulated conditions and their ramifications, and I consent to his/her participation in the programs conducted under the auspices of **USA Judo** at this USOTC and the USOEC at Northern Michigan University, and consent to the provision of medical, psychological or psychiatric care and treatment, emergency medical services, transportation, housing and meals associated with participation in programs conducted at this United States Olympic Training Center and the USOEC at Northern Michigan University. In the event that emergency medical services are required, I hereby authorize the USOC and the USOEC at Northern Michigan University to act to resolve such emergency without first obtaining my prior consent or the consent of the participant's next of kin or any other individual. I have instructed my son/daughter to abide by the Participant Conduct.

X
Parent/Guardian Signature
Parent/Guardian Name (Please Print)

Date Signed: _____

Relationship: _____