

Information Sheet

Date	Clinic: Saturday, February 4, 2023, 2:00pm to 5:00pm; Kohaku: Sunday, February 4, 2024, 9:30 am Start time					
Location	San Fernando Valley Japanese American Community Center 12953 Branford Street, Pacoima, California 91331					
Special	• PRE-REGISTRATION ONLY BY JANUARY 31st, and you can text or email weights to Richie Endow by February 2, 2024.					
Announcements	Please send forms, proof of membership and payment to:					
	SFV Judo Registration 13727 Wheeler Ave, Sylmar, CA 91342.					
	• Pre-Registered must check in when you arrive to the tournament site to receive your lunch ticket & tournament t-shirt.					
Check-in Schedule	7:30am to 8:30am: Mini-Yonen (5yo-7): All ranks; Yonen (8-12): White & Yellow; Special Needs (All ages, all ranks)					
	10:00am to 10:30am: Yonen: Orange Belts; Shonen (13-16): White & Yellow					
	12:00am to 12:30am: Yonen: Green Belts; Shonen: Orange & Green Belts					
	3:00pm to 3:30pm: Yonen: Blue & Purple Belts; Shonen Blue, Purple & Brown; Seinen Novice (all ranks below Brown Belt)					
	4:00pm to 4:30pm: Seinen Black Belts, Brown Belts and Masters					
Pooling,	Kohaku: Pooling will be determined by Age Group, Rank, then Lightest weight to Heaviest.					
Divisions &	Divisions with 5 or less will be Round Robin method.					
Match Times	Mini Yonen (5-7yo; 2:30 min matches; No Golden Score):					
	White, Yellow&Orange Combined					
	Yonen (8-12; 2:30 min matches; No Golden Score):					
	White, Yellow, Orange, Green, Blue&Purple Combined					
	Shonen (13-16; 3:00 min matches; No Golden Score):					
	 White&Yellow Combined, Orange&Green Combined, Blue, Purple&Jr. Brown Combined 					
	Seinen (4:00 min matches; No Golden Score):					
	Novice, Brown, Black					
	Masters (2:00 min matches; No Golden Score):					
	• 35-44, 45-54, 55+ (Novice, Brown, Black)					
	Special Needs Categories (2:00 min matches; No Golden Score):					
	Divisions to be determined on site.					
Eligibility	All entrants must be current members of one of the following: US Judo Federation, US Judo Association, USA Judo, Inc.					
	You must present a current membership card.					
Awards	Trophies will be presented to the first, second & third places in each individual divison.					
	A Most Outstanding Judoka Award will be presented to the Kohaku Competitor that receives the most yudansha votes.					
	A Best Technique Award will presented to the Kohaku Competitor that receives the most yudansha votes.					
	Team Trophies will be presented to 1st, 2nd & 3rd Place in accumulated Team Points (1st = 5 pts, 2nd = 3 pts, 3rd = 2 pts)					
Entry Fee	\$50.00 fee (non-refundable) to all contestants; \$40 for each additional immediate family member, \$30.00 for each additional division.					
	Women (17+): \$30 Entry fee; No entry fee for Special Needs.					
	All Black Belts & Masters: \$50 Entry fee (50% of division entry fees will be donated to the 1st Place winner of the division for travel					
	expense reimbursment.)					
Sanction	USJA					
Head Referee	Gary Takemoto, IJF-A 2016 Olympic Referee					
Tournament Directors	Gabriel Calvillo & Eric Mochinaga					
Host & Sponsor	San Fernando Valley Judo Club					

The Tournament Director(s) reserves the right to make any necessary changes in the best interest of the sport and the contestants. Coaches, Instructors and Parents will have an opportunity to review the categories and confirm their child's/athlete's suitability for participation. A tournament T-shirt and Hot Dog lunch will be provided to each contestant. (Be sure to get your lunch ticket and tournament t-shirt at the Check-in Table)



RULES

Current IJF Contest Rules will be used with the following modifications:

- a. White Judo Gis ONLY!!! No blue gis please.
- b. Wazari, ippon or Hansokumake are required to win.
- c. No Golden Score. If a winner is not determined after regulation period, hiki wake will be awarded.
- d. Pre-2003 Injury Rules for all divisions.
- e. CARE systems we NOT be used, therefore, Corners Judges will be used.
- f. No Shime-waza (chokes) allowed for ages 12 and under. If a 12 years old or younger contestant is pooled with 13 years old or older contestants, choking techniques will not be allowed in any matches with an 12 years old or younger participant. Players of 13-16 years of age who are choked out to unconsciousness are NOT allowed to continue to compete in the tournament.
- g. No Kansetsu-waza (arm locks) will be allowed for ages 17 and under and for any novice.
- h. Juniors competing in senior divisions are subject to senior rules.
- i. Any player who suffers a concussion or who loses consciousness from a head impact will not be permitted to continue competing in the tournament.
- j. No white belts will be permitted in the Brown belt, Black belt & Masters divisions.
- k. Pre-2009 rules for judogi control will be used in all divisions.
- I. The contest areas are 6x6 meters with 3 meter safety area. There will only be 3 meters in between the adjoining competition areas.
- m. To ensure safety for matches due to the reduced safety area size, "mate" calls may occur much earlier than normal to prevent the athletes from going off the competition area. Referees must not hesitate to interrupt the action to protect the athletes.



APPLICATION for Kohaku USJA Sanction # XXXX-XX

SEX	OFFICIAL WT	AGE	RANK	CLUB	REG STAMP		
-							
Please pri	nt or type. Do not use initials.						
Name of	Competitor:						
FIRST Male Address	□ Female Date of Birth	MIDDLE DAY MONTH	Age:	LAST Rank/Belt Col-	or:		
CITY			STATE	Z	IP		
HOME TELE	PHONE		MOBILE TELI	EPHONE (Text messages will be sent to th	is phone number)		
fax USJF#	E-MAIL (Poolsheets will be IF# USA Judo #				e emailed to this address & the Head Instructor) Exp Date:		
Name of	Judo club						
Name of	Head Instructor			E-MAIL			
Emergen	cy Contact			PHONE & E-MAIL			
Address	NUMBER AND STREET						
CITY			STATE	Z	IP		
U Vis	STANCE/ACCOMMODATIC sion Loss / Blindness assistance/accommodation req		Hearing Loss /	¹ Deafness			
□ \$50 fc	ial Use Only: or 1 division □ plus \$40 or Women's Division □ \$50			or Immediate Family Membe ns 🔲 \$10 for Technical Cli			
Total An	nount Due:		Name o	f Immediate Family Member Co	ompeting		
Cash	Check; Check #		Name o	f Immediate Family Member Co	ompeting		



LIABILITY RELEASE (For Contestants under 18 years of age)

Date

I authorize the following person(s) (Name of Instructor, Coach, Chaperone) to act in my behalf in any and all matters requiring parental consent for my child during the 93rd Annual San Fernando Valley Judo Club Invitational Kohaku or travel to and from it. I agree to accept all financial obligations incurred as a result of any medical assistance, hospitalization and related expenses provided to my child. If an act of vandalism causing damage to personal or real property associated or related in any way to this tournament occurs, those involved will be dismissed from competition. The participant or parent(s) of a minor involved agree to indemnify and pay for all such losses and damages.

Signed (Parent/Guardian)

Date

Date

Date

Signed (Contestant)

PLAYERS WANTING TO COMPETE IN AN OLDER AND/OR HIGHER RANK DIVISION

We (I) the undersigned parent(s) or legal guardian(s) of (Name of Contestant) have been informed of the method of competition for the 93rd Annual San Fernando Valley Judo Club Invitational Kohaku.

We (I), hereby express our (my) consent and approval that (<u>Name of Contestant</u>) may move up into an older and/or higher division. (NOTE: The contestant moving up in division is also subject and not exempt from the rules of said division)

Signature of Contestant

Signature of Parent or Legal Guardian

Signature of Instructor

NON BLACK BELT WAIVER

(Must be completed by All Non-Black Belts in Black Belt & Masters divisions.)

I, <u>(Name of Instructor)</u>, a judo instructor who has been awarded the judo Rank of Shodan or higher, under the auspices of one of the following organizations: United States Judo Federation, United States Judo Association, or USA Judo, Inc., hereby certify that <u>(Name of Contestant)</u> although not having been awarded the judo rank of Shodan of higher is of sufficient aptitude and skill in judo to compete in the 93rd Annual San Fernando Valley Judo Club Invitational Kohaku.

Signature of Instructor

Rank

Date

Date

CERTIFICATE OF AGE / WEIGHT / RANK CONSENT FOR: PLAYERS 15 AND 16 YEARS OF AGE WANTING TO COMPETE IN THE SEINEN BROWN/BLACK BELT DIVISIONS

We (I) the undersigned parent(s) or legal guardian(s) of (Name of Contestant) have been informed of the method of competition for the 93rd Annual San Fernando Valley Judo Club Invitational Kohaku.

We (I) hereby express our (my) consent and approval that (<u>Name of Contestant</u>) although only being 15 or 16 year age, may move up into the seinen brown/black belt division. (NOTE: The contestant moving up in division is also subject and not exempt from the rules of said division)

Signature of Contestant	Date
Signature of Parent or Legal Guardian	Date
Signature of Instructor	Date

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., Nanka Judo Yudanshakai, Inc., San Fernando Valley Judo Club, and the San Fernando Valley Japanese-American Community Center, 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., Nanka Judo Yudanshakai, Inc., San Fernando Valley Judo Club, and the San Fernando Valley Japanese-American Community Center, 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.



TECHNICAL CLINIC by TOKUZO TAKAHASHI & PHILIP HORIUCHI USJA Sanction #XX-XX-XX

Date: February 3, 2024

Time: 2pm to 5pm

Purpose: To share Takahashi's and Horiuchi's techniques and tactics that have contributed to their successful senior competition careers.

Clinicians: Tokuzo Takahashi, 6x U.S. Senior National Champion & Philip Horiuchi, 2x U.S. Senior

National Champion

Costs: \$25 Clinic Fee (\$10 for Kohaku participants)

Name of Participant:

FIRST			MIDDLE			LAST		
🗆 Male	□ Female	Date of Birth .	DAY	MONTH YEAR	Age:	Rank/Belt Color:		
Address	NUMBER AND STRI	EET						
CITY				STA	ATE	ZIP		
HOME TELEI	PHONE			МС	OBILE TELEPHONE			
FAX				E-M	MAIL			
USJF#		USJA#		USA Judo	¥	Exp Date:	Lorem	
Name of	Judo club							
Emergen	cy Contact					PHONE & E-MAIL		
Address	NUMBER AND STR	EET				THOME & EMAIL		
CITY				ST	ATE	ZIP		
IF ASSIS	TANCE/ACC	OMMODATIO	N IS NEE	DED (Check ap	propriate box)	:		
□ Vis	ion Loss / Blir	ndness		□ Hearing	g Loss / Deafne	ess		
Type of a	ssistance/acco	ommodation requ	uested or	name of person	assisting:			
For Offici	ial Use Only:							
\$25	\$10							
Total Am	ount Due:	C	Cash	□ Check #				