

## **Novice Tournament**

Saturday, April 6, 2024  
**USJA Judo Sanctioned Event**  
**Madison, Wisconsin**

**SANCTION** USJA JUDO – NUMBER:

**LOCATION** Judo-Jujitsu Madison, 6717 Odana Road #10, Madison, WI 53719

**DATE** Saturday, April 6, 2024

**TIME** 1:00pm to finish

**COST** Clinic – \$30.00

**REGISTRATION** Save standing in line, email this form and the waiver to Jerry Cypret @ [hogoshajudo@aol.com](mailto:hogoshajudo@aol.com) or register at the event.

### **NOVICE TOURNAMENT REGISTRATION FORM**

PLEASE DO NOT WRITE IN THIS BOX

CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ NGB VERIFY: \_\_\_\_\_

### **PLEASE PRINT**

Name: first \_\_\_\_\_ last \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov \_\_\_\_\_

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Circle one: USJI USJF USJA ATJA – Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Judo Club: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ RANK: \_\_\_\_\_

Number of previous Tournaments: \_\_\_\_\_

**Limited to:** True Novices, Fourteen (14) years of age and younger, and no more than five (5) tournaments.

**Athletes:** White judogis required, blue optional as blue player. Bring your own white and blue belts.

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## 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 the United States Judo, Inc (USA Judo), United States Judo Federation (USJF), United States Judo Association (USJA), American Traditional Jujutsu Association-Judo Division (ATJA), American Judo and Jujutsu Federation (AJJF), Wisconsin Judo Inc., Judo-Jujitsu Madison, and Hogosha Judo, I hereby:

8. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
9. Agree that prior to participating, I will inspect the mats, equipment, facilities, competition pools or division, the elimination or scoring system to be used, along with the rules governing the activity I am participating in, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach or supervision of such condition(s) and reduce to participate.
10. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability, traumatic brain injury or death, and severe social and economic losses due to not only my own actions, inaction or negligence, but also to the action, inaction 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.
11. Knowing the rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability, traumatic brain injury or death.
12. Release, waive and discharge and covenant not to sue the United States judo, Inc (USA Judo), United States Judo Federation (USJF), united States Judo Association (USJA), American Traditional Jujutsu Association-Judo Division (ATJA), American Judo and Jujitsu Federation (AJJF), Wisconsin Judo Inc., 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, guardian(s), 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 "releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability, traumatic brain injury and death or damage of property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise to the fullest extent permitted by law.
13. Photographs and images/video may be taken at any time. Your attendance at this activity will constitute your irrevocable consent to be photographed, videotaped and recorded, your irrevocable consent to the use of your likeness by Hogosha Judo, Wisconsin Judo Inc, Judo-Jujitsu Madison, and others acting on its behalf, for the purpose of advertising and promotion in any media, throughout the world perpetuity, including but not limited to television and the world wide web, and your waiver of any compensation or permission for such use.
14. MAAPP Policy: The Center for SafeSport has developed the Minor Athlete Prevention Policies (MAAPP) which USA Judo has adapted to our own sport. The MAAPP is a collection of proactive and training policies comprised of two parts; Education & Training Policy that requires training for certain Adult Participants and the Required Prevention Policies, focused on limiting one-on-one interactions between Adult Participants and Minor Athletes to prevent abuse. The full MAAPP policy and the reporting mechanism for SafeSport infractions can be found at <https://www.teamusa.org/USA-Judo/MAAPP>

**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 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.**

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Participant (please print 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 related 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.

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Parent/Guardian (please print name)

Parent/Guardian Signature

Date

## **NOVICE TOURNAMENT**

### **HEAD UP WAIVER – WISCONSIN JUDO INC, JUDO-JUITSU MADISON, & HOGOSHA JUDO**

**THIS FORM MUST BE COMPLETED, FOR THOSE UNDER 18, AND SIGNED BY PARENT AND MINOR**

**CONCUSSION DANGER SIGNS** 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 if 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?**

1. 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 injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's okay to return to play.
2. 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 condition 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 the brain. They can even be fatal.

By my name and signature below, I acknowledge that I received and reviewed this concussion educational material.

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ATHLETE NAME PRINTED

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ATHLETE NAME SIGNED

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DATE

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PARENT/GUARDIAN NAME PRINTED

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PARENT/GUARDIAN NAME SIGNED

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DATE