

2024 Oklahoma State Judo Championship

April 27, 2024 (Saturday)

Cascia Hall Prep. School
2520 S. Yorktown Ave.
Tulsa, OK 74114

(use Utica Ave. Entrance)

Entry Fee: \$40 (Pay at the site only)

Sanction: This tournament is sanctioned by The American Traditional Jujitsu Association (ATJA) as an Open Tournament.

Eligibility: Any Judo player, currently an active member of ATJA or USAJudo (proof of membership must be in hand at registration).

Scoring System: Divisions with 6 or fewer will compete in the Pool System. Those with 7 or more will compete in Pool Knockout/Repechage System.

Competition area: 2 mats will be used;

Divisions:

Veteran	30+
Senior Elite/Senior	17+
Junior	16 or less.
Teen 13-16	
Intermediate 9-12	
Bantam 5-8	

Elite - Brown & Black Belt or approved coach: National Weight Divisions will be used if there is sufficient registrations. (Weight divisions to be determined by registration).

Senior:- Non Black/Brown belt: Weight divisions to be determined by registration.

****Male and female athletes may not participate in the same division unless they are under 10 years of age AND a more suitable match can not be made.****

Gi's specifically designed for BJJ will not be permitted. Gi's must meet IJF competition standards.

Minimum age 5 years old.

(Note: Junior (Teens) may also compete in the Senior divisions for an additional fee & will compete under Senior division rules; Veteran may also compete in the Senior divisions for an additional fee.

Junior Blue & Purple belt will compete in the Senior Elite division. (when participating in multiple divisions)

No junior will compete against anyone more than 15% heavier, without consent of their coach or parent.

Entry Form

(YOU MUST complete a separate entry form for each division entered)

Paid \$40.00 _____ \$20.00 _____ Weight _____
(do not fill in)

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NAME:

(print)

MAILING ADDRESS:

(Number, Street, City, State, Zip code)

USA Judo, USJA or USJF Number:

JUDO CLUB: _____

COACH'S NAME: _____

JUDO RANK: _____

PHONE #: _____

(Jr. Degree, Novice Rank, Sankyu-Ikkyu, or Dan)

EMAIL ADDRESS:

BIRTH DATE: _____ AGE: _____

MALE/FEMALE: _____

CHECK ONE:

Veterans (30+): _____

SENIOR Elite (17+): _____

SENIORS (17+): _____ Excludes Black / Brown belt and equivalent.

JUNIORS (16 or younger): _____

SIGN WAIVER ON THE BACK OF THIS PAGE

**WARNING - WAIVER AND RELEASE OF LIABILITY - AGREEMENT TO PARTICIPATE –
AUTHORIZATION FOR MEDICAL TREATMENT**

In consideration of being permitted to participate in any way, including travel to & from any & all Judo Tournaments, clinics, practices & related events & activities of The American Traditional Jujitsu Association (ATJA), United States Judo, Inc. (USAJudo), the Oklahoma Judo Association (OJA), Tulsa Judo Club (TJC), & Cascia Hall Prep. School, I hereby:

1) Acknowledge that I am familiar with the sport of Judo & understand the rules governing the sport of Judo.
2) Agree that, prior to participating, I will inspect the mats, equipment, weapons, facilities, competition pools or divisions, & the elimination or scoring system to be used. If I believe anything is unsafe or beyond my capability,

I will immediately advise my coach, supervisor &/or an event/activity official of such conditions & refuse to participate.

3) Acknowledge & fully understand that I will be engaging in a contact sport that might result in serious injury including permanent disability or death & severe social & 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 or weapons 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 & accept personal responsibility for all

damages resulting from any such injury, permanent disability, or death. I also grant permission to the event officials to authorize any necessary medical treatment for me, or in the case of a minor age child, I grant permission to the event officials to authorize any necessary medical treatment for my minor child.

5) Release, waive, discharge & covenant not to sue ATJA, USAJudo, OJA, TJC & Cascia

Hall Prep. School, together with their affiliated clubs, their respective officers, administrators, directors, agents, coaches, clinicians & other employees or volunteers of the organization(s), event officials, medical personnel, other participants, their parent(s), guardian(s), supervisors & coaches, sponsoring agencies, sponsors, advertisers & if applicable, owners, lessors & lessees of premises used to conduct the event, all of whom are hereinafter referred to as Releasee(s), from any & all claims, demands, losses, or damages on account of injury, including permanent disability & death, or damage to 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.

I have read this Warning - Waiver & Release of liability, understand that I give up substantial rights by signing it & knowing this, sign it voluntarily. I agree to participate knowing the risks & conditions involved & 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 or guardian as evidenced by his/her signature below.

Signature of Participant

Date

Name of Participant (Print)

This is to certify that I, as Parent or Legal Guardian with legal responsibility for this participant, do consent & agree to his/her release, as provided above, of all the Releasees &, for myself, my heirs, assigns & next of kin, I release & agree to indemnify & hold harmless the Releasees from any & 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 & conditions & their ramifications. In addition, I grant permission to the event officials to authorize any necessary medical treatment to my minor child.

(Print) Name of Parent/Guardian

Date

Signature of Parent/Guardian