



**Kodokan Judo of Cape Coral
Hosts the 5th Annual
Yoichiro Matsumura Judo Championship
Saturday, March 14, 2015**



USJA	SANCTION #		
HONORED GUESTS	Sensei Yoichiro Matsumura, 8 th Dan and Celita Schutz, 3x Olympian and USJA President Gary Goltz		
WHERE	Oasis High School, 3519 Oasis Blvd., Cape Coral, FL 33914		
Coaches	<table border="0" style="width: 100%;"> <tr> <td style="width: 60%;"> Certified Coaches on Floor. If you need a certification you may contact John Paccione to set up a clinic prior to the tournament. 239 699 2825 </td> <td style="width: 40%; vertical-align: top;"> Head Referee - Mindy Buehman International Referee </td> </tr> </table>	Certified Coaches on Floor. If you need a certification you may contact John Paccione to set up a clinic prior to the tournament. 239 699 2825	Head Referee - Mindy Buehman International Referee
Certified Coaches on Floor. If you need a certification you may contact John Paccione to set up a clinic prior to the tournament. 239 699 2825	Head Referee - Mindy Buehman International Referee		
AWARDS	1 st , 2 nd & 3 rd Place Awards and 1 st , 2 nd , 3 rd Place Team Trophies		
ENTRY FEE	\$45.00 Pre-Registration Fee if received by 3/12/15 or \$55 Saturday		
PRE-REGISTRATION	<p><u>Mail in Registration to:</u> Kodokan Judo of Cape Coral, Attn: John Paccione 916 SW 18th Street, Cape Coral, FL 33991</p> <p>Include application, waiver, copy of current membership card and check made payable to: Kodokan Judo of Cape Coral</p>		
WEIGH-IN & Registration Verification	4-16 Year old Divisions 8:30 - 9:30 AM, 17 and up 11:30 - 1230. Pre-registration can have the club coach verify weight. Signature of coach must be on the application for verified weigh-in.		
COMPETITION	10:00 AM		
RULES	IJF (modified) - Matches 3 min. Youths & Masters, Seniors 5 minutes. No Shime Waza allowed for under 13 - No Kansetsu Waza for under 17. Tournament director reserves the right to make changes as needed.		
MATCH TIME	Juniors & Novice Adults - 3 Minutes; Seniors- 5 Minutes; Masters - 3 Minutes		
DIVISIONS	Standard USA Judo Senior Weights Novice all ages: White - Orange Under 17-Light, Med., Heavy in most divisions (May be adjusted for pool size) Masters will be ages 30-39; 40-49; 50 and up (May be adjusted for pool size)		
DIRECTOR	John Paccione (239) 699-2825 www.capejudo.com or email: sijudo1@aol.com		
ELIGIBILITY	USJA, USJF or USJI		
HOTELS:	Hampton Inn & Suites, 619 SE 47 th Terrace, Cape Coral, FL 33990 (239 540 1050)		
REFEREE CLINIC:	Friday, March 13th @ 6 P.M. - \$40 per person Venue: Kodokan Judo of Cape Coral, 532 SE 47 th Terrace, Cape Coral, FL 33904 Call 239-699-2825 or email sijudo1@aol.com to reserve your spot. Local and Regional Referee certification instructed by: International Referee Mindy Buehman Certification will be signed off on Saturday, March 8' 2014 after the practical evaluation at the above-mentioned tournament.		

KODOKAN JUDO EVENT – Official Entry Form

Official use only

Cash \$ _____

Check # _____

Weight (kg) _____

EVENT NAME

EVENT DATE

Contestant Last Name

First Name

MI

MALE FEMALE

Rank

Birth Date

Age

Club Name

If no contestant in my division can be found I want to:

Compete in the next higher weight division

Compete in the next higher age division

Collect a medal

Membership Information:

Must provide current membership card.

USA Judo

USJA

USJF

Other organization: _____

Personal Information:

Street Address

E-Mail

City

State

Zip

Telephone

Parent/Guardian Contact Info.

Coach

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against Kodokan Judo of Cape Coral and all other participants and this events officials and employees, representatives or assignees, for damages or injuries which may be suffered by me as a result of attending, participating in, practicing for or traveling to or from this event.

I hereby authorize the following named person(s) _____ to act in my behalf in any and all matters requiring parental consent for my child (contestant named above if under 18) during the period of this event. This authorization included rendering and accepting any and all official medical care and well being of my child during the period of this event.

Contestant's Signature (minor & adult)

Date

Parent/Guardian's Signature (for contestant under 18 years old)

Date

Please make checks payable to:

**Kodokan Judo of Cape Coral
916 SW 18th Street, Cape Coral, FL 33991**

WAIVER on reverse side must also be completed!

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 any judo tournament, practice, clinic, and related events and activities of the United States Judo Association, United States Judo Federation, United States Judo, Inc. and Kodokan Judo of Cape Coral, 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo Association, United States Judo Federation, United States Judo, Inc., Kodokan Judo of Cape Coral, 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 in conducting 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 or 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 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.

Participant 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.

Parent/Guardian's Printed Name

Parent/Guardian's Signature

Date

CREDIT CARD PAYMENT FORM

KODOKAN JUDO OF CAPE CORAL

532 SE 47th Terrace
 Cape Coral, FL 33904
 Tel: 239-699-2825

Date: _____

CREDIT CARD INFORMATION

Customer Name:	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
Credit Card Number:	Expiration Date:
Name as it appears on Credit Card:	CVC2 Code:
Payment Amount (US Dollars):	
Signature:	Date:

CREDIT CARD BILLING ADDRESS

Street Address:		
City:	E-mail Address:	
State:	Zip/Postal Code:	Country:
Phone Number:	Fax Number:	

PAYMENT INFORMATION

Qty	Part Number / Description	Unit Price	Extended Price
Sub-Total:			
Total:			

*** For Office Use Only ***

<input type="checkbox"/> Approved Approval Code _____ <input type="checkbox"/> Declined PURCHASE ORDER Description: Student's First & Last Name _____ DATE: _____
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