



**2010 ILLINOIS STATE OPEN JUDO  
CHAMPIONSHIPS  
SATURDAY, APRIL 10, 2010  
HOSTED BY ILLINOIS JUDO, INC.**

SANCTION	Illinois Judo, Inc., 10-IL-01	
LOCATION	<b>Yorkville High School Academy, 702 Game Farm Road, Yorkville, Illinois 60560</b>	
DIRECTOR	Chuck Clark, Atlas Xtreme Team	Phone: (630)553-5741 Email: <a href="mailto:clarkmail4@comcast.net">clarkmail4@comcast.net</a>
REGISTRATION WEIGH-INS	<p>Eligibility: USJI, USJF, and USJA members. All competitors must present their valid national membership documents or cards at the tournament site. NO EXCEPTIONS - due to insurance regulations. USJI/USA Judo memberships may be purchased at tournament site.</p> <p>For early registration, mail to: Illinois Judo Open ATTN: Denise Clark 67 Long Grove Drive Yorkville, IL 60560</p> <p>Payable to: Illinois Judo, Inc.</p> <p>Received by Monday, April 5, 2010 \$40 for Tournament \$15 each additional division</p> <p>Received after April 5, 2009 \$50 for Tournament \$15 each additional division</p> <p>No Refunds</p> <p>On-Site Registration and Weigh-Ins at Yorkville High School Academy Friday, April 9 / 7:00 – 7:30 P.M. Saturday, April 10 / 8:00 a.m. - 10:00 A.M.</p>	
REFEREES/TECHNICAL OFFICIALS	Mr. Don Bordeau, NAT, will be the Referee Coordinator (847)693-9532. Referee and Technical Official Meeting: 9:00 a.m. - 10:00 a.m. Local and regional testing available.	
COMPETITION Saturday, April 10 2009	<p>Opening Ceremonies: 10:30 a.m. - Competition Begins: 11:00 a.m. 3 contest areas. Modified Double Elimination or Round Robin, if 3 or less competitors. 3 minute matches for Junior, Senior Novice and Masters Divisions. 5 minute matches for Advanced Seniors. 3 minute rest between matches for Junior, Senior Novice and Masters Divisions; 5 minute length of rest between matches for Advanced Seniors.</p>	
RULES	Current International Judo Federation Rules as revised. Juniors: 13-16, chokes allowed, but no arm locks allowed; 12 and under, no chokes or arm locks allowed.	
AWARDS	Medals for First, Second and Third places	
MEDICAL	Chief Barry Henby, Gurnee Fire Department	
FOOD AND MERCHANDISE	Available all day.	
SPECTATOR FEE	FREE	

<p><b>To</b> <b>Yorkville High School Academy</b></p> <p><b>From Chicago: I88 West, exit 56/to rt 47, exit rt 47 South at Sugar Grove to Yorkville. Rt 47 intersects rt 34: Turn Right at the light on rt 34 (West), and go to the 2<sup>nd</sup> light and turn left onto Game Farm Rd. The school is on your left about half a mile.</b></p>
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## OFFICIAL WEIGHT & AGE COMPETITIVE DIVISIONS

### JUNIOR MALE/FEMALE DIVISIONS

Goal: Junior Divisions within 15 pounds; adjust the below matrix as Tournament Director deems required.

<b>JUNIOR MALE</b>			<b>JUNIOR FEMALE</b>		
	6 & under	Light/middle/heavy		6 & under	Light/heavy
	7 - 8	Light/middle/heavy		7 - 8	Light/heavy
	9 - 10	Light/middle/heavy-middle/heavy		9 - 10	Light//middle/heavy
	11 - 12	Light/middle/heavy-middle/heavy		11 - 12	Light/middle/heavy
	13 - 14	Light/middle/heavy		13 - 14	Light/middle/heavy
	15 - 16	Light/middle/heavy		15 - 16	Light/heavy

### SENIOR DIVISIONS

Two or fewer players may be moved into other weight divisions at the discretion of the Tournament Director. Three players will play traditional round robin.

<b>SENIOR MALE</b>		<b>SENIOR FEMALE</b>	
Novice	Light/middle/heavy	Novice	Light/heavy
Advanced Brown & Black Belts	121 lbs	Advanced Brown & Black Belts	Light/middle/heavy
	132 lbs		
	145 lbs		
	161 lbs		
	178 lbs		
	198 lbs		
	199 lbs and over		
Senior Male Novices may also enter advanced divisions.			

### MASTERS MALE & FEMALE

- Ages 30 – 39 and 40 and over.
- Novice Divisions (non-Brown or Black Belt) determined by entries.
- Fair weight divisions determined by entries.
- Masters may also enter Senior Divisions.

# ENTRY FORM

## 2010 Illinois State Open Judo Championships

*PLEASE PRINT*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Judo Club: \_\_\_\_\_ State/Province: \_\_\_\_\_

Age: \_\_\_\_\_ Sex:  Male  Female Belt Color: \_\_\_\_\_

### JUNIOR REGISTRATION

CHECK *ONE* DIVISION

6 OR UNDER

9-10

13-14

7-8

11-12

15-16

### SENIOR REGISTRATION

CHECK *ONE* DIVISION

NOVICE

ADVANCED (BROWN/BLACK BELT)

### MASTER REGISTRATION (MASTERS NOVICE DIVISION WILL BE CREATED IF ENTRIES WARRANT)

CHECK AGE DIVISION

30-39

40 & OVER

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

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

USJI # \_\_\_\_\_ Expiration Date \_\_\_\_\_ USJA # \_\_\_\_\_ Expiration Date \_\_\_\_\_

USJF # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Other: \_\_\_\_\_

### CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

I, \_\_\_\_\_, a Judo Instructor, who has been awarded the Judo rank of  
(*Print Name of Instructor*)

Shodan or higher by, \_\_\_\_\_, hereby certify that,  
(*Name of Organization*)

\_\_\_\_\_, although not having been awarded the Judo rank of Shodan  
(*Print Name of Contestant*)

or higher, is of sufficient aptitude and skill in Judo to compete in these Championships.

Judo Instructor (*print*) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Instructor \_\_\_\_\_ Rank \_\_\_\_\_

Use a separate form for each individual entry. You may copy this form.

**PLEASE SIGN WAIVER ON REVERSE SIDE**

**WARNING!**  
**WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**

In consideration of being permitted to participate in any way, including travel and from, in any Judo tournament, practice, clinic, and related events and activities of United States Judo, Inc. (USA Judo), United States Judo Federation, United States Judo Association, Illinois Judo, Inc. and/or its chartered clubs/Board members/individual members, and Yorkville Community Unit School, District #115, 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 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 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 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 of United States Judo, Inc. (USA Judo), United States Judo Federation, United States Judo Association, Illinois Judo, Inc., and Yorkville Community Unit School District #115, 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 "Releasees", 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 cause in whole or in part by the negligence of the Releasees 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 OR 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/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 (please print name)                      Parent/Guardian's Signature                      Date