

Itasca YMCA Judo

Shiai

Juniors, Seniors, Masters
Saturday January 27th, 2024

LOCATION: Itasca County YMCA – 400 River Road Grand Rapids, MN 55744

SANCTION: USA Judo Applied

REGISTRATION: Saturday – 8:30am to 9:30am – Division pairing beginning at 10am

COMPETITION: Beginning at 10:30am

ELIGIBILITY: **Must show current membership in: USA Judo Or:** If a competitor wishes to not be a USA Judo member **and** is a USJA/JF member, a Non-Insurance Waiver will be available. Otherwise, each competitor must present proof of current membership with insurance at the registration and / or weigh-in. We will have application forms USA Judo at the registration site. Each competitor must present a properly signed release and consent form (See accompanying form).

ENTRY FEE: \$20

CONTACT: Email: bishopjudo@yahoo.com Facebook: Itasca YMCA Judo

WEIGHT DIVISIONS: 4-6 years old, 7-9 years old, 10-12 years old, 13-15 years old, adult men & women. All ages will be divided into light, middle, heavy, & open, and novice & advanced. Round robin for 3 people, double elimination for 4 people or more. 3 minute matches for juniors, 5 minute matches for seniors.

TOURNAMENT DIRECTORS:	Colleen Bishop: 218-398-3632 Ken Otto: 651-269-2191
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Link to register:

https://docs.google.com/forms/d/1a4HXtckDOT1LFA26P-1-GQJyNRsD9bFbeFiC91B8u5U/viewform?edit_requested=true&fbclid=IwAR1p9BQvUol71jTNazgwMMaW62EO1S-a5mK7UNQ6jSSoUpRrlqUMVfa8yxg

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ENTRY FORM

NOTE: Any minor not traveling with a parent or legal guardian must have the Warning, Waiver and Release of Liability and Agreement to Participate signed by parent or legal guardian before leaving home. Coaches' signatures will not be accepted unless accompanied by a notarized Power of Attorney from parent giving coaches' authority to sign for their child.

Name _____ Home Phone _____ Email _____

Address _____
Street Address City State Zip

Club _____ Coach _____

Sex _____ Age _____ Approximant Weight _____ Date of Birth _____ Rank _____

Emergency Contact

_____ Phone _____

WEIGHT	AGE	DIVISION CARD NO	FEE
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Itasca YMCA Judo SHIAI 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 the Minnesota State Judo Tournament - USJA and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, JMI AND Itasca YMCA Judo here of.

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 capacity, I will immediately advise my coach or 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 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 United States Judo, Inc., United States Judo Federation, United States Judo Association, JMI and Itasca YMCA Judo, 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 to conduct 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 and 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.
6. Authorize medical providers to release my protected health information to the tournament director and by extension their sanctioning organization for the purposes necessary to ensure tournament insurance or other medically necessary reasons. In the case of injury, this information may also be shared with the Minnesota Department of Labor and Industry's Office of Combative Sports per statute 341.28 Subd. 5. This information will be treated as confidential for all non medically necessary purposes.

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 RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON 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 THE PARENTS/GUARDIANS OF MINOR PARTICIPANTS
(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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases 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) Parent/Guardian's Signature Date

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>.

Itasca YMCA Judo – Concussion Waiver

Minnesota Statutes 121A.045 Certification for Officials and Coaches and Parents of participants in the 2024 Itasca YMCA Judo Shiai.

Effective September 1, 2011, the Minnesota State Law requires the participating officials and coaches of youth sports programs do the following:

A coach or official shall remove an athlete from participating in any activity when the athlete:

- exhibits signs, symptoms, or behaviors consistent with a concussion;
- is suspected of sustaining a concussion.

In addition, when a coach or official removes an athlete from participating in the activity, the athlete shall not again participate in the sports activity until the athlete:

- no longer exhibits signs, symptoms, or behaviors consistent with a concussion;
- and is evaluated by a provider trained and experienced in evaluating and managing concussions and the provider gives the athlete written permission to again participate in the activity.

As per this new law, Judo Minnesota, Inc. is required to make information accessible to all participating coaches, officials, and athletes and their parents or guardians about the nature and risks of concussions, including the effects and risks of continuing to play after receiving a concussion, and the protocols and content, consistent with current medical knowledge from the Centers for Disease Control and Prevention, related to:

- the nature and risks of concussions associated with athletic activity;
- the signs, symptoms, and behaviors consistent with a concussion;
- the need to alert appropriate medical professionals for diagnosis and treatment when a concussion is suspected or observed;
- the need for an athlete who sustains a concussion to follow proper medical direction and protocols for treatment and returning to play;
- and require all participating coaches and officials to receive initial online training and online training at least once every three calendar years before a youth athlete participates in a youth athletic activity, require the youth athlete and the youth athlete's parent or guardian to sign and submit to a coach or other official a concussion information form indicating that the athlete received information about concussions.

By signing you acknowledge that you have received a handout describing the information above or, if you are an official, acknowledge that you have completed the requisite training required by Minnesota State Law and agree to abide by it. Concerns or questions should be raised to the tournament director.

For Parents: As a parent of a youth participating in the Itasca YMCA Judo Shiai, by signing below, I certify that I have received information about the serious nature of the concussions, and have been provided with a handout that describes concussion symptoms, the need for seeking urgent access to medical treatment, should my son or daughter experience a concussion and the importance of seeking permission to allow my son or daughter to return to the sports activity after a concussion.

Name (please print legibly)	Signature Name of youth athlete (please print)