

# JUDO

## *Clinic & Tournament*

Join us for an exciting Judo Clinic and tournament featuring some of the best athletes in the region!

### DATES

**JUNE 28 - CLINIC/WORKSHOP**  
**JUNE 29 - TOURNAMENT**

### Clinic Guest Speaker



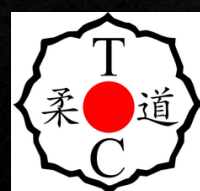
**Sensei David Williams**

**USA Judo Senior National  
Championship**

**Iowa State University Wrestling**

**USA Judo National Championship**

**Judo Olympic Team for the USA**



### LOCATION

**MINNESOTA STATE  
ACADEMY FOR THE DEAF  
615 OLOF HANSON DR  
FARIBAUT, MN 55021**

*ALL Belts & ALL Ages are  
WELCOME!*

*Don't miss out on this  
amazing opportunity!*

**REGISTRATION INFO**  
**[BIT.LY/USAMADJUDO2024](https://bit.ly/usamadjudo2024)**



**CONTACT FOR QUESTIONS**  
**[USAMARTIALARTSDEAF@GMAIL.COM](mailto:USAMARTIALARTSDEAF@GMAIL.COM)**

**Sponsored by:**

## Schedule

### **Friday, June 28<sup>th</sup>, 2024 – Judo Clinic/Workshop**

2:30pm-3:30pm **Clinic/Workshop Registration**

4:00pm-8:00pm **Clinic/Workshop with Sensei David Williams**

### **Saturday, June 29<sup>th</sup>, 2024 – 2024 Deaflympics Tryout and Invitational Shiai**

08:00am-10:00am **Registration and Weigh-Ins**

10:00am **Referee Meeting**

11:00am **Junior Competition Begins**

**Senior Competition to Follow Junior Competition**

## Location

### **Clinic and Tournament Venue**

Minnesota State Academy for the Deaf Campus - Lauritsen Gym: 615 Olof Hanson Dr. Faribault, MN 55021

### **Lodging**

Dorm accommodations available at the Minnesota State Academy for the Deaf Campus.

## Registration

### **Pricing**

\$50 registration fee for only the Sensei David Williams clinic.

\$50 registration fee for only the judo competition first division, \$25 for additional divisions.

\$75 for participants who register for both the clinic and the competition.

**Payments can be made by cash or check.**

### **Membership**

Proof of valid USA Judo membership must be presented by all participants.

## Staff

### Tournament Director

Ken Otto: 651-269-2191 - kendall.otto@comcast.net

## Competition

1 Regulation judo mat.

Best of 3 matches for divisions of 2 people.

Round Robin for divisions of 3 people.

Double Elimination for divisions of 4 or more players.

Match length: 2 minutes for juniors 8 years old and under. 3 minutes for juniors 9 years old and up, 4 minutes for seniors & masters.

No armlocks are allowed in any novice category, regardless of age.

Armlocks allowed in all senior advanced and masters advanced divisions.

No chokes or armlocks are allowed for junior novice divisions.

**Tournament Director reserves the right to adjust divisions, and match times to ensure fair and safe competition.**

1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place Medals for Juniors and Seniors.

## Divisions

### Juniors

Novice divisions include white, yellow, and orange belts. Advanced divisions include green belt and above. Co-Ed divisions may be used with parent or coach permission for juniors 10 years old and younger.

### Seniors

Senior Novice divisions include orange belt and below. Advanced divisions include green belt and above.

### Masters

Ages 30 and over. Divisions: 30 - 44 / 45 and over.

Novice and Advanced will be divided if entries warrant. Weight divisions will be determined by entries.

## 2024 Deaflympics Tryout and Invitational Shiai

### **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 USA Judo, Twin Cities Judo, and Minnesota State Academy for the Deaf, I hereby:

1. 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.
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 or supervisor of such condition(s) 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, death, or traumatic brain injury and severe social and economic losses due to not only my own actions, inactions 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.
4. 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, death or traumatic brain injury.
5. Release, waive and discharge and covenant not to sue USA Judo, Judo Minnesota Inc. (JMI) and 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 and 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.
6. Authorize Twin Cities Judo's 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 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 (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 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>.

**Minnesota Statutes 121A.045 Certification for Officials and Coaches and Parents of participants in the 2024 Deaflympics Tryout and Invitational 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; or
- 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 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 below you acknowledge that you have received a handout describing the information above. Concerns or questions should be raised to the tournament director, Ken Otto.

**FOR PARENTS: As a parent of a youth participating in the 2024 Deaflympics Tryout and Invitational 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)	Please sign below	Name of Youth Athlete (please print legibly)



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it’s OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In 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 s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but 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*)

## 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 can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *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 concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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 the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date