

# 10<sup>th</sup> ANNIVERSARY



**JUNIORS - SENIORS – MASTERS**

**An Official Referee Testing & Evaluation Site**

**SATURDAY DECEMBER 12<sup>th</sup> 2015**

**EVERYONE MUST PRE-REGISTER!**

**We Expect Over 700 Competitors. Register Early as the Venue Can Only Accommodate a Maximum of 750!**

**Felix Event Center**

**Azusa Pacific University**

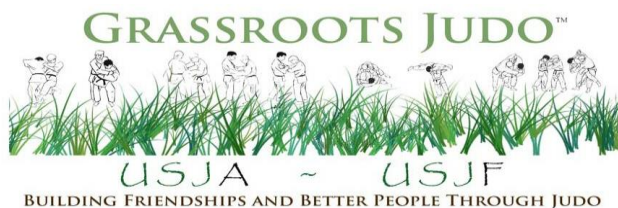
**701 E. Foothill Blvd. Azusa, CA 91702**

**with **COACH CLINIC****

**FRIDAY DECEMBER 11<sup>th</sup> 2015**

**at Goltz Judo**

**1700 Danbury Rd. Claremont, CA 91711**



**JudoWinterNationals.com**



**TOURNAMENT DIRECTOR - GARY GOLTZ ASSISTANT DIRECTOR - O.J. SOLER**

**Inquiries - Contact Tony Farah, (951) 288-5296, [tony@farahfamily.com](mailto:tony@farahfamily.com)**

**Vendor Booths Available - Contact Genaro Bugarin, (858) 442-4110, [bbugarin2@yahoo.com](mailto:bbugarin2@yahoo.com)**

***Thanks to Dr. James Lally for providing physicians and to Aegis Ambulance Service for providing EMTs***

# **2015 JUDO WINTER NATIONALS™**

**Saturday December 12<sup>th</sup>**

REFEREE MEETING: 7:30 AM with Gary Takemoto, Head Referee - The Care System will be utilized on all mats, *referees should bring their own radios!*

OPENING CEREMONIES: 9:00 AM ***THERE WILL BE NO SAME DAY REGISTRATION***

AWARDS: High quality medals to be given for 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> Place; Top Club  
Awards based total medals earned; (1<sup>st</sup> = 5 points, 2<sup>nd</sup> = 3 points, 3<sup>rd</sup> = 1 point)

ELIGIBILITY: USJA, USJF, & USA Judo current members, (Sanctioned by USJA)

HOTEL: [Red Roof Inn](#), 204 N. Village Ct. San Dimas, CA 91773, (909) 599-2362, Rate \$69.99

REGISTRATION FEES: \$60.00 all divisions includes official tournament t-shirt postmarked by December 7<sup>th</sup> then \$85.00 up until 8:00 PM December 11<sup>th</sup>  
(Add \$25 for each additional approved division)  
\$5 spectators (at the door), parking is free.

***PLEASE MAKE CHECKS TO GOLTZ JUDO - CREDIT CARDS ACCEPTED***

MAIL ALL ENTRIES & FEES TO:

2015 Judo Winter Nationals™  
Attention: Tony Farah  
3252 Robin Way, Pomona, CA 91767  
(909) 596-8199 or (951) 288-5296 (cell)  
[tony@farahfamily.com](mailto:tony@farahfamily.com)

WEIGH-IN & LATE REGISTRATION: Friday December 11<sup>th</sup>

- 8:00 AM to 6:00 PM [Goltz Judo's Dojo](#), 1700 Danbury Rd. Claremont, CA 91711
- 3:00 PM to 8:00 PM [APU Felix Event Center](#), 701 E. Foothill Blvd. Azusa, CA 91702

***Tournament Officials May Also Perform Random Weight Checks***

DIVISIONS:

## **JUNIORS**

Boys & Girls Ages will be; 5-6, 7-8, 9-10, 11-12, 13-14, & 15-16 years old, LW - MW - HW.  
Brown belts will be treated as equivalent to purple belts. Novices are white & yellow belts.

## **SENIORS**

Men's and Women's Brown & Black Belt (non-black belts must complete non-black belt waiver.)

- Men            55kg   60kg   66kg   73kg   81kg   90kg   100kg   +100kg
- Women       44kg   48kg   52kg   57kg   63kg   70kg   78kg   +78kg

No Senior Black & Brown Belt Division can compete in more than one weight class nor can they move up except for Men's 55kg & Women's 44kg who may compete in the next weight class.

There will also be Novice Senior Divisions. Pooling will be done by age and weight. Pools will be between 4 and 8 people and divided by LW - MW - HW.

## **MASTERS**

Men's & Women's Masters, pooling will be done by age and weight. Pools will be between 4 and 8 people and divided by LW - MW - HW.

**PLEASE NOTE - SENIORS & MASTERS WILL NOT BEGIN UNTIL NOON**

# 2015 JUDO WINTER NATIONALS™ REGISTRATION FORM

PLEASE PRINT OR TYPE ALL INFORMATION

**DO NOT WRITE IN THIS SECTION. RESERVED FOR OFFICIAL USE ONLY**

SEX \_\_\_\_\_ AGE \_\_\_\_\_ WEIGHT \_\_\_\_\_ (Kg) COLOR OF BELT \_\_\_\_\_ DIVISION \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit \_\_\_\_\_ Official Stamp \_\_\_\_\_

Contestant's First Name

Contestant's Last Name

Division Contested (Please circle one, fill out a separate registration form for additional divisions)

JUNIORS

SENIORS NOVICE

SENIORS (Brown & Black Belts)

MASTERS

Date of Birth  /  /  Age  Sex

Phone #  Cell #

Address

City  State  Zip

Email

Dojo

Judo Rank / Belt Color

Organization: USJA / USJF / USA Judo - #  Exp. Date

(Circle Appropriate)

Please include photocopy of current membership card

Credit Card # \_\_\_\_\_ Exp. (Month/Year) \_\_\_\_/\_\_\_\_ CVV \_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do you have a disability as recognized by the Americans with Disabilities Act as Amended? \_\_\_\_ Yes \_\_\_\_ No

☐ Vision Loss/Blindness ☐ Hearing loss/Deafness ☐ Other \_\_\_\_\_

Type of assistance/accommodation requested or name of person assisting & contact info \_\_\_\_\_



## CONTESTANT T-SHIRT SHIAI ORDER FORM

T-Shirt Size \_\_\_\_\_

Additional Shirts - \$15.00

Quantity	Size	\$ - Amount

Available in Youth Sizes: YS, YM, & YL Adult Sizes: S - 3XL

## **TOURNAMENT WARNING, WAIVER, LIABILITY RELEASE, AND PARTICIPANT AGREEMENT**

In consideration of being permitted to participate in any way, including travel to and from the 2015 Judo Winter Nationals™ and all related events and activities of the United States Judo Association, United States Judo Federation, USA Judo, Nanka Judo Yudansha-kai, California Judo Inc., The City of Claremont, Azusa Pacific University, Goltz Judo, and Gary Goltz, I affirm that:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
2. I further acknowledge 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, 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, illness, disease, permanent disability, or death.
5. I hereby release, waive, discharge and covenant not to sue the United States Judo Association, Inc., United States Judo Federation, Inc., and USA Judo, United States Judo, Nanka Judo Yudanshakai, California Judo, Inc., The City of Claremont, Azusa Pacific University, Goltz Judo, and Gary Goltz, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

Participant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

### **FOR PARENTS or LEGAL GUARDIANS OF CONTESTANTS UNDER AGE 18**

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 or Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

### **LIABILITY RELEASE (FOR CONTESTANTS UNDER 18 YEARS OF AGE)**

In the event that I am not present to give my authorization; I hereby authorize the following person(s) \_\_\_\_\_ to act on my behalf in any and all matters requiring parental consent for my child during the 2015 Judo Winter Nationals™ or travel to and from it. I agree to accept all financial obligations incurred as a result of any medical assistance, hospitalization and related expenses provided to my child. If an act of vandalism causing damage to personal or real property associated or related in any way to this tournament occurs, those involved will be dismissed from competition. The participant or parent(s) of a minor involved agrees to indemnify and pay for all such losses and damages.

\_\_\_\_\_  
Name of Contestant                      Date                      Signed (Parent or Legal Guardian)                      Date

## **CONSENT FOR AGE/WEIGHT CHANGE (UNDER 18)**

PLEASE CHECK THE APPROPRIATE BOXES

We, (I), the undersigned parent of \_\_\_\_\_ have been informed of the method of competition for the Judo Winter Nationals™.

We, (I), express our (my) consent that \_\_\_\_\_

- ☐ MAY be moved up into another weight bracket of competition of the same age
- ☐ MAY be moved into another age bracket of competition of the same weight
- ☐ MAY NOT be moved into another bracket

\_\_\_\_\_  
Signature of Contestant (over 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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## **NON BLACK BELT WAIVER**

(To be completed by all non Black Belts in a division with Black Belts)

I, \_\_\_\_\_, a judo instructor who has been awarded the judo rank of Shodan or higher, under the auspices of one of the following organizations: United States Judo Association, United States Judo Federation, or United States Judo, Inc., hereby certify that

\_\_\_\_\_, although not having been awarded the judo rank of Shodan or higher is of sufficient aptitude and skill in judo to compete in the Judo Winter Nationals™.

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

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Date Signed

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## **CODE OF CONDUCT / DAMAGE STATEMENT**

This form certifies that the Contestant and her/his legal guardian(s) understand that emergency vehicle response to a false alarm may result in serious injury and loss of life, and that fine, imprisonment and other possible legal consequences may result from activating any false alarm in connection with participation in this tournament. In addition, charges assessed for a false alarm or for other damage to tournament and hotel facilities shall, together with all costs and fees incurred with collecting said charges, be the responsibility of the Contestant and/or her/his parent(s) /legal guardian(s) and home Dojo. In addition, the contestant and her/his legal guardian(s) understand that no food, drinks (except water), or coolers shall be allowed inside the tournament facility. All foods and drinks must be consumed outside in the designated areas. There is absolutely no smoking allowed anywhere on the facility grounds. Tournament security personnel will enforce this rule and will ensure that attendees discard such items before entering the facility. This provision has been explained to the Contestant, Parent(s)/Legal Guardian(s) and Coach.

\_\_\_\_\_  
Signature of Contestant (over 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Azusa Pacific University**  
**Participant's Release and Waiver of Liability**

In consideration of being permitted to participate in 2015 Judo Winter Nationals™ (the “Activities”), I hereby voluntarily agree to waive, release and agree not to sue Azusa Pacific University, its officers, employees, agents, or volunteers for any and all claims, damages, costs, attorney's fees, or causes of action which I have or may have in the future, or which third parties have or may have in the future, as a result of injuries or any other damages suffered in connection with the Activities or travel to and from the Activities, arising out of or incident to any negligent act or omission or willful misconduct by Azusa Pacific University, its officers, employees, agents, or volunteers. I knowingly and voluntarily give up valuable legal rights, including the right to sue.

I understand and agree that there exist risks of harm associated with participating in the Activities which may give rise to bodily injury, and/or property damage. These risks include, but are not limited to, those hazards associated with 2015 Judo Winter Nationals™. I will be engaging in a contact sport that might result in serious injury, illness or disease, 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. I understand that I will be responsible for my own transportation. I further understand and agree that there may be risks and dangers not known or reasonably foreseeable at this time. I understand and agree that included within the scope of this waiver and release is any cause of action, arising from the performance of or the failure to perform supervision or control of the Activities, or the failure to warn of existing dangerous conditions not known to or reasonably discovered by Azusa Pacific University, including all acts of negligence of Azusa Pacific University, its officers, employees, agents, or volunteers. I knowingly and voluntarily assume full responsibility for these risks arising out of or related to my participation in the Activities.

**I HAVE CAREFULLY READ, AND I UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS AGREEMENT, AND THAT THIS AGREEMENT REPRESENTS A CONTRACT BETWEEN AZUSA PACIFIC UNIVERSITY AND MYSELF. I HAVE AGREED TO SIGN THIS AGREEMENT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Signature of Contestant (over 18)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **2015 JUDO WINTER NATIONALS™ RULES & MATCH TIMES**

All matches will be conducted using the current IJF Contest Rules with these modifications:

- Full Double Elimination will be used with Round Robin used for divisions of 5 or less.
- Contestants divisions can be modified at the discretion of the tournament management.
- Rest periods between in cases of consecutive matches will be equal to the match time.

### **MATCH TIMES, AGE & RANKS EXCLUSIONS**

Juniors (5 to 6 Years Old): Match Time - 2 Minutes

Juniors (7 to 12 Years Old): Match Time - 3 Minutes

- Proper double drop knee techniques are allowed
- No shime-waza (strangles) or kansetsu-waza (arm locks)

Juniors (13-16 Years Old): Match Time - 3 Minutes

- No kansetsu-waza (arm locks)

Senior Novice (17 Years & Up): Match Time - 4 Minutes

- No kansetsu-waza (arm locks)

Senior Brown/Black Belt (17 Years & Up): Match Time - 5 Minutes Men / 4 Minutes Women

Masters Novice (30 Years and Older): Match Time - 3 Minutes

- No kansetsu-waza (arm locks)

Masters Brown/Black Belt (30 Years and Older): Match Time - 3 Minutes

Please note that any competitor who suffers a concussion (as determined by the medical staff) and/or who loses consciousness from head impact will not be allowed to continue competing in the tournament that day, in any division. If a competitor suffers such an injury, they are strongly advised to obtain a medical release from their personal physician before returning to judo.

**WHITE GIS MANDATORY, BLUE GIS OPTIONAL**

**Contestants must bring their own white and blue belts  
(These will be for sale at the tournament venue)**

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### **COACHING APPLICATION FORM**

Only currently nationally certified (USJA, USJF, or USA Judo) coaches will be allowed on the competition floor and to sit in the designated chairs. Applications must be received by November 30, 2015. Late applications will be charged \$10.00 and 'walk-ups' will be charged \$20.00. Coaches must prominently display their official issued unexpired coaching photo ID badge at all times. (Only exception will be newly certified coaches who took the clinic)

Printed Name: \_\_\_\_\_ Club: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Certified by: ☐ USJA ☐ USJF ☐ USA Judo Level: \_\_\_\_\_ Expiration Date \_\_\_\_\_



**JUDO WINTER NATIONALS™**  
**OFFICIAL BACK PATCH**

(Click on Link)



***Order your own  
custom set today!***



## **JUDO WINTER NATIONALS™ COACH CERTIFICATION CLINIC**



**Friday December 11<sup>th</sup> 2015 - 9:00 AM to 3:00 PM**  
**Goltz Judo's Dojo, 1700 Danbury Rd. Claremont, CA 91711**

The clinic will be conducted a team lead by Mike Szrejter, Chair of the USJA Coaching Committee. It will focus on Levels 1 & 2 of the Coaching Certification Program and includes both classroom and mat sessions. Successful completion of this clinic will satisfy the USJA, USJF, and USA Judo requirements for coach certification. Signed Coach Application Forms will be distributed at end of the clinic. All participants must be current members of the USJA, USJF, or USA Judo. Those who complete this clinic will be allowed coach access to the tournament. The fee for this clinic is \$50.00 payable to "Goltz Judo" (includes lunch on Friday) postmarked by November 30<sup>th</sup> then it goes up to \$75 to encourage pre-registration. The additional cost to obtain a Coaching Certificate from USJA is \$30.00 and the Coaching Badge is \$25.00. The required background screen is \$16.00. Current certified coaches are also encouraged to audit this newly formatted program for a fee of \$20.00.

### **-----REGISTRATION FORM-----**

**PLEASE PRINT OR TYPE ALL INFORMATION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last, / First / MI

Check One: New Coach: \_\_\_\_ Renewing Coach Certification: \_\_\_\_ Observe: \_\_\_\_

Current Coach Level: \_\_\_\_\_ Organization: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Dojo / Club: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / City / State / Zip Code

Phone: (\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

Circle one: USJA, USJF or USA Judo: Member # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Rank: \_\_\_\_\_ Rank ID Number: \_\_\_\_\_ Awarded By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street / City / State / Zip Code

Credit Card # \_\_\_\_\_ Exp. (Month/Yr.) \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_ Zip \_\_\_\_\_

## **COACH CLINIC WARNING, WAIVER, LIABILITY RELEASE, AND PARTICIPANT AGREEMENT**

In consideration of being permitted to participate in any way, including travel to and from the 2015 Judo Winter Nationals™ Coaching Clinic and related events and activities of the United States Judo Association, United States Judo Federation, USA Judo, Nanka Judo Yudansha-kai, California Judo Inc., The City of Claremont, Azusa Pacific University, Goltz Judo, and Gary Goltz, I affirm that:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
2. I further acknowledge 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, 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, illness, disease, permanent disability, or death.
5. I hereby release, waive, discharge and covenant not to sue the United States Judo Association, Inc., United States Judo Federation, Inc., and USA Judo, United States Judo, Nanka Judo Yudanshakai, California Judo, Inc., The City of Claremont, Azusa Pacific University, Goltz Judo, and Gary Goltz, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

Participant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

### **FOR PARENTS or LEAGAL GUARDIANS OF CONTESTANTS UNDER AGE 18**

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 or Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Name)

**Mail Clinic Registration Form, Waiver, & Fee to:**

**2015 Judo Winter Nationals™ Coach Clinic**  
**Attention: Tony Farah**  
**3252 Robin Way, Pomona, CA 91767**  
**(909) 596-8199 / (951) 288-5296 (cell)**  
**[tony@farahfamily.com](mailto:tony@farahfamily.com)**

**Include \$15.00 to order an event T-Shirt -- Indicate Size \_\_\_\_\_**  
**(Available in Youth Sizes: YS, YM, & YL Adult Sizes: S - 3XL)**

***PLEASE MAKE CHECKS TO GOLTZ JUDO***