

APPLICATION FOR SANCTION

APPLICATION INFORMATION (FEE: \$35 PER EVENT)

SECTION 1: ALL TOURNAMENTS, SCRIMMAGES, CLINICS, CAMPS, AND OTHER COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION

SECTION 2: NAME OF CLUB APPLYING FOR SANCTION

CLUB: GULF COAST JUDO

Name and Address of Club Official Requesting Sanction

Place and Location of Event:

Name: GULF COAST JUDO, LLC

Place: OCEAN SPRINGS RYAN YOUTH CENTER

Address: P.O. BOX 120

Address: 726 PINE DRIVE

City: OCEAN SPRINGS

City: OCEAN SPRINGS

State: MS

Zip: 39566

State: MS

Zip: 39564

Phone: (228) 806-8125 Fax: ()

Phone: (228) 875-8665 Fax: ()

Chartered Club: Yes No

(Edged weapons are prohibited at any event.)

SECTION 3: EVENT IDENTIFICATION

Name of Event: 2nd ANNUAL GULF COAST JUDO FALL CLASSIC

Date(s): 10/28/2013

PLEASE CIRCLE ALL THAT APPLY:

Number of Participants Expected: 75

Type of Event:	<input checked="" type="checkbox"/> Tournament	<input type="checkbox"/> Clinic	<input type="checkbox"/> Camp	<input type="checkbox"/> Scrimmage	<input type="checkbox"/> Other
Competition:	<input checked="" type="checkbox"/> Juniors	<input checked="" type="checkbox"/> Seniors	<input checked="" type="checkbox"/> Masters	<input type="checkbox"/> Kata	<input type="checkbox"/> Coed (USJF Only)
Level:	<input type="checkbox"/> Local	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Regional	<input type="checkbox"/> National	

SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

- 1 To abide by the terms and conditions for sanctioned events. This includes 2013 IJF Rules.
- 2 To permit membership registration at the event and to provide the necessary forms for such registration.
- 3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
- 4 **Provide copies of the entry form, general information sheet and waiver and release form with application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.**
- 5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
- 6 To post the sanction for the event in public view at the tournament site.
- 7 My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event and that I have read and understand the report from the Presidents of the three Judo Organizations in the United States.


(Signature of Official Applying for Sanction)

10/2/2013
(Date)

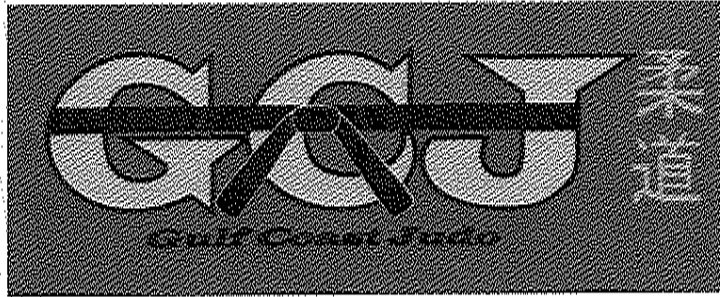
Total Sanction Fee Enclosed: \$

Sanction Number:

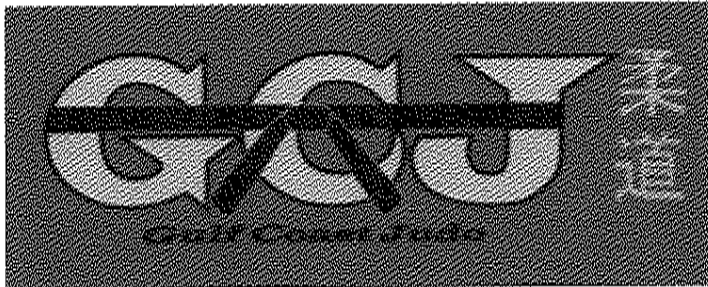
Approval By:

Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.



**!SEPERATE ENTRY REQUIRED FOR EACH DIVISION
ENTERED!**



**SECOND
ANNUAL
GULF COAST
JUDO FALL
CLASSIC**

**OCEAN SPRINGS,
MISSISSIPPI, Saturday,
October 28, 2023.**

**SECOND ANNUAL
GULF COAST JUDO FALL CLASSIC**

DATE: Saturday, October 28, 2023

Tournament Site: Ocean Springs Ryan Youth Center
726 Pine Drive, Ocean Springs, MS 39564Springs, MS

Sanction: United States Judo Association Level "B" Member

Competition Times: Juniors 10:00 a.m. Followed by Masters then Seniors

Eligibility: Open to members having current USJA or USJF MEMBERSHIP. A \$10 ten day trial membership may be obtained at: <https://www.usja.net/apply/trial-membership>. Please make sure that any membership remains current as of day of tournament and either upload the card or bring to the tournament site.

Awards: Individual 1st, 2nd and 3rd
Junior Team: 1st, 2nd and 3rd

Weigh In: Honor System Reported Weight (subject to onsite confirmation)

Entry Fees:

Early: \$40.00 If submitted by Friday October 22, 2023

Last: \$50.00 after Friday, October 22, 2023

Second Division: \$20.00 For additional division (one additional division maximum)

Registraton closes at 6:00 p.m. c.s.t. on Friday, October 27, 2023.

Electronic Registration only (no onsite registration)through Jotform: <https://form.jotform.com/232596222951055>

Registration and payments electronically through Jotform:

Divisions: A separate Entry Form is required for each Division.

Junior Boys: 6 & Under, 7-8, 9-10, 11-12, 13-14, 15-16 (divided by weight)

Junior Girls: 6 & Under, 7-8, 9-10, 11-12, 13-14, 15-16 (divided by weight)

Senior Men Novice (Yonkyu and Under) Light, Medium and Heavy, +

Senior Men (Sankyū and Over) Light, Medium and Heavy, +

Senior Women Light, Medium and Heavy, +

Masters Men (over 30) Light, Medium and Heavy

Masters Women (over 30). Light, Medium and Heavy

Rules: Current IJF [Modified]: as to mat size and gi size.

Shime: Chokes allowed for 13 and over only

Kansetsu: Only permitted for brown/black divisions and Masters. No junior or

novice arm bars permitted.

3 Minute Matches: Juniors and Masters

4 Minute Matches: Mens and Womens

Scoring: Modified Double Elimination: in Division of 4 or more.

Round Robin for Division of 3 or less.

COMPETITORS RESPONSIBLE FOR PROVIDING THEIR OWN BLUE AND WHITE BELT FOR COMPETITION

OFFICIAL: Tournament Director:

Jim Hunt, Godan (228) 806-8125

Email: gulfcoastjudo@yahoo.com

Directions to Ryan Youth Center (726 Pine Drive, Ocean Springs, MS 39564)

Take exit 50 for MS-609 S toward Ocean Springs.

Turn south onto MS-609 Washington Ave (signs for Ocean Springs) 2.8 mi.

Turn left on Bienville Blvd (Highway 90/Burger King). 0.6 mi.

Turn right onto Martin Luther King Jr Ave (across from Winn Dixie) 0.2 mi,

Turn left onto Government St 0.1 mi,

Turn right onto Pine Dr—(gymnasium is about .1 miles on the left)

Competitor Name *

Contact Phone Number *

(000) 000-0000

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code


Email *

example@example.com


Club Name

Coach

Current USJA Member

Please Select 

Upload current membership card or proof of current membership (or bring to tournament if temporary).


Browse Files
Drag and drop files here

Date of Birth *

MM/DD/YYYY

Date

Age on day of Tournament *

Judo Rank *

Division Entered *

Please Select

Weight (SELF REPORTED)—subject to recheck at tournament site *

Waiver signed by player (& parent if player is under 18):

WARNING! WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In specific consideration of being permitted to participate including travel to and from, the Gulf Coast Judo Fall Classic Tournament, Gulf Coast Judo Open Tournament and related events and activities of Gulf Coast Judo, LLC, United States Judo Association, United States Judo Federation, USA Judo, and The City of Ocean Springs. 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 before participating - will inspect the mats, equipment, facilities,

competition pools or divisions and the elimination or scoring system to be used. If 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 understand that I will be engaging in a contact sport that might cause serious injury, including permanent injury, 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, there may be other risks not known or not reasonably foreseeable.

4. Knowing the risks involved in the sport of Judo, I assume all such risks and accept personal and legal responsibility for the damages following such injury including but not limited to the potential for permanent injury, disability, or death.

5. Release, waive, discharge and covenant not to sue the Gulf Coast Judo, LLC, United States Judo Association, United States Judo Federation, USA Judo, and The City of Ocean Springs, together with their affiliated clubs, their respective administrators, directors, owners, 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 claims, demands, losses, or damages because 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.

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 OF MY OWN FREE WILL

Participant's Signature *

Sign Here

Clear

TO BE COMPLETED BY PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) who will not be present at the tournament.

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 liabilities incident to my minor child's involvement or participation in this event, even if arising from their negligence, to the fullest extent permitted by law. have instructed the minor participant as to the above warnings and conditions and their

Parent/Guardian's Printed Name

.....

Parent/Guardian Signature

.....

Sign Here

Clear

If the contestant is under the age of 18 years on the day of the tournament, the parent/guardian must name an individual to act in their name place, and stead and, to do any and every act and exercise any power might or could do or exercise through any other person including medical power of attorney and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for and on behalf of the contestant minor child/ward listed in this entry until completion of the event. I hereby appoint the following as my child/ward's attorney in fact with the powers listed above:

.....

Assigned Power of attorney

Signature of Competitor (parent or guardian if minor) *

.....

Sign Here

.....

Clear

SELECT ONLY ONE (1) OPTION FOR PAYMENT (SECOND DIVISION REQUIRES SECOND SUBMISSION. *

Early Entry Fee **\$40.00**

For admissions submitted by Friday, October 20, 2023.

Late Entry Fee **\$50.00**

For submission after Friday, October 20, 2023.



Second Division


\$20.00


For payment of second division fee.

Total

\$0.00

Credit Card

First Name		Last Name	
 Card number	MM/YY	CVV	

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