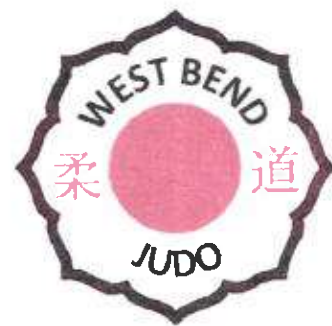


West Bend Judo Club

2025 U.S.J.A. WISCONSIN STATE
SENIOR & JUNIOR JUDO CHAMPIONSHIP

51st Annual West Bend Judo Tournament



<u>HOST AND SPONSORS:</u>	WEST BEND JUDO CLUB
<u>DIRECTORS:</u>	KERRI A. LODUHA and JON W. SANFILIPPO
<u>DATE:</u>	SATURDAY, MAY 3, 2025
<u>LOCATION:</u>	MCLANE GRADE SCHOOL – WEST BEND SCHOOL DISTRICT 833 CHESTNUT STREET, WEST BEND WI 53095 Parking entrance behind school off Summit & Ridge Rd
<u>OPEN TOURNAMENT:</u>	OPEN TO ALL WISCONSIN JUDOKA
<u>SANCTIONED BY:</u>	UNITED STATES JUDO ASSOCIATION
<u>ENTRY FEE:</u>	\$40.00 PER COMPETITOR <u>NO PRE-REGISTRATION</u> MAKE CHECKS PAYABLE TO: “WEST BEND JUDO”
<u>SPECTATORS FEE:</u>	\$5.00 EACH – FREE TO JUDO COACHES, REFEREES, OFFICIALS, CHILDREN UNDER AGE 5
<u>I.J.F. JUDO RULES:</u>	NO CHOKES UNDER 13 YEARS OF AGE NO ARMBARS ALLOWED IN JR. DIV'S
<u>HEAD REFEREE:</u>	SENSEI JERRY CYPERT <u>MEDICAL:</u> BARB THEISEN, EMT
<u>AWARDS:</u>	1 ST , 2 ND , 3 RD , 4 TH AWARDS
<u>SIGN-IN TIME:</u>	ALL JUDOKA – 9:00 – 10:30 A.M.
<u>STARTING TIME:</u>	11:30 A.M.
<u>AGE:</u>	DETERMINED BY THE ATHLETE'S AGE ON DAY OF THE TOURNAMENT.
<u>DIVISIONS:</u>	JUNIORS, SENIORS AND MASTER, THE GROUPINGS WILL BE ESTABLISHED THE DAY OF THE EVENT BY SIZE AND WEIGHT
<u>FOR INFORMATION:</u>	CALL JON SANFILIPPO AT CELL PHONE: 262 623-1449 MAILING ADDRESS: 4627 LAKEVIEW CIRCLE – SLINGER, WI 53086

REFRESHMENTS WILL BE AVAILABLE BY MEMBERS OF THE WEST BEND JUDO CLUB

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2025 U.S.J.A. WISCONSIN STATE
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May 3, 2025



HEAD BLACK BELT
INSTRUCTOR
Jon W. Sanfilippo

Information on Applicant

Name: _____

Telephone: () _____

Address: _____

Birth Date: _____ Age _____

City: _____

___ Junior (under 17) or ___ Senior (17 and over)

State: _____ Zip: _____

Sex: ___ Male ___ Female

Martial Art: _____ Rank: _____

Coach: _____

Club: _____

Affiliation: UNITED STATES JUDO ASSOCIATION (USJA)

For insurance purposes, you must be a member of the United States Judo Association.

Non-members can register today with the USJA under their trail membership program for \$10.00.

Membership No. _____ Insurance Expiration Date: _____



WARNING WAIVER AND RELEASE OF LIABILITY AND AGREEMENT

TO PARTICIPATE

All previous forms are obsolete and should not be used.

USJA National Headquarters

Web Site: www.usja-judo.org

In consideration of being permitted to participate in my way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities of the United States Judo Association, Inc., United States Judo Federation, Inc., State Governing Body, West Bend Judo Club, West Bend Park, Recreation and Forestry Dept., and West Bend School District, 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 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo Association, Inc., United States Judo Federation, Inc., State Governing Body, West Bend Judo Club, West Bend Park, Recreation and Forestry Dept., and West Bend School District 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 agents, sponsors, advertisers, and if applicable, owners, lessors and lessees of premises used in conducting the event, all of whom are hereinafter referred to as Releases, 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 negligence of the Releases 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 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 (Print)

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 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 by law. I have instructed the minor participant as to above warnings and conditions and their ramifications.

Participant (Print)

Participant's Signature

Date

U.S. Judo Association, Inc., U.S. Judo Federation, Inc.