



**23rd Annual
Go Shibata Memorial
Texas Judo Inc. All-Star Event**



HOST: Texas A&M University Judo Team

www.aggiejudo.com

DATE: October 27, 2018

LOCATION: **Physical Education Activity Building (PEAP)**

632 Penberthy Road
Texas A&M University
College Station, Texas 77843



SANCTION: USA Judo Sanction #19523 v1 8/7/18

WEIGH-IN: Weigh-in and Registration at the **Physical Education Activity Building (PEAP)**

Friday Oct 26 8:00-10:00 pm (KATA, all Shiai divisions)
Saturday Oct 27 8:00-9:00 am (Juniors & Masters)
Oct 27 9:00-11:00 am (Novice and Senior)

START TIME: Kata Competition 8:30 am
Masters Divisions will begin after Kata but no earlier than 9:30am
Juniors Novice **White-Yellow** no earlier than 10:30am
Junior Division **All belts** no earlier than 10:30am
Senior Novice will not begin before 12:00 pm
Senior will not begin before 2:00 pm

DIVISIONS: **KATA** - Nage no Kata, Katame No Kata, Ju no Kata, Goshin Jutsu— **MUST PRE-REGISTER**
SHIAI

*Junior Boys/Girls Novice: Light, Medium Heavy, 6 & under, 7-8, 9-10, 11-12, 13-14
*Junior Boys/Girls all Belts Light, Medium Heavy, 6 & under, 7-8, 9-10, 11-12, 13-14

*Cadets Female (15-17 yrs) 97, 106, 115, 126, 139, 154, +154 lbs
*Cadets Male (15-17 yrs) 121, 132, 145, 11, 178, 198, +198 lbs

IJF Junior Female (15-20 yrs) 97, 106, 114, 125, 139, 154, 172, +172 lbs
IJF Junior Male (15-20 yrs) 121, 132, 145, 161, 178, 198, 220, +220 lbs

Novice & Senior Men 132, 145, 161, 178, 198, 220, +220 lbs
Novice & Senior Female 106, 114, 125, 139, 154, 172, +172 lbs

Men and Women Master's: Division to be determined at site
***Age and weight groups may be adjusted depending on entries**
Tournament Director may adjust divisions if necessary

MEDICAL: Texas A&M University Emergency Medical Technicians

ELIGIBILITY: USJF/USJA/ATJA/AJF eligible. USA Judo memberships available at registration.





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MATCH TIMES: Junior, Cadet, IJF Junior - 3 Minutes
Master and Novice - 3 minutes
Senior Women - 4 Minutes
Senior Men – 4 Minutes

ENTRY FEE: KATA ENTRY FEES – KATA TEAMS MUST PRE REGISTER
\$40 for KATA (PER Team) Pre-Registration ONLY Postmarked before October 19

SHIAI ENTRY FEES
\$40.00 (US) Pre Registration Postmarked on or before October 19
\$50.00 (US) Late Registration Postmarked on or after October 20
Family rates - 3 or more competitors from the same family ***\$35.00 early / \$45.00 late

RULES: Current IJF rules (modified). IJF RULE MODIFICATIONS
No Kansetsu-Waza allowed in any Junior, Cadet or Novice Division
No Shime-Waza allowed in junior competition for athletes under 13 years of age
Kansetsu waza is allowed in the IJF Junior Division
Golden Score will be in effect in case of a tie at the end of regulation match time.
Modified Double elimination 5 or more
Round Robin for 5 or less competitors
Tournament Directors may adjust weight categories, divisions and brackets if necessary

DIRECTORS:

Bob Perez	Dan Gomez	Patricia Randal
979-218-4582	832-463-4522	210-251-0710
bobperez@tamu.edu	tamujudo@gmail.com	patriciarandal3@gmail.com
mailto:arjunghosh1024@hotmail.com		

HOTEL LIST – WE DO NOT HAVE A HOST HOTEL

Baymont Inn	(979) 680-3000	Fairfield Inn by Marriott	(979) 268-1552	Howard Johnson	(979) 693-6810
Best Western	(979) 704-6444	Four Points by Sheraton	(979) 693-1741	Hyatt Place	(979) 846-9800
Best Western Premier	(979) 731-5300	Hampton Inn	(979) 846-0184	La Quinta	(979) 696-7777
Candlewood Suites	(979) 704-6198	Hampton Inn & Suites	(979) 694-2100	Manor House Inn	(979) 764-9540
Comfort Inn & Suites	(979) 268-5500	Hawthorn Suites	(979) 695-9500	Motel 6	(979) 696-3379
Comfort Suites	(979) 680-9000	Hilton College Station	(979) 693-7500	Quality Inn & Suites	(979) 703-8979
Country Inn & Suites	(979) 693-7777	Hilton Garden Inn	(979) 703-7919	Quality Suites	(979) 695-9400
Courtyard by Marriott	(979) 695-8111	Holiday Inn Express	(979) 846-8700	Ramada College Station	(979) 846-0300
Days Inn	(979) 696-6988	Holiday Inn I & Suites	(979) 485-8300	Residence Inn	(979) 268-2200
Econolodge	(979) 691-6300	Hilton Garden Inn	(979) 703-7919	Staybridge Suites	(979) 485-2955
Executive Inn & Suites	(979) 260-9150	Holiday Inn Express	(979) 846-8700	Super 8 College Station	(979) 846-8800
EZ Travel Inn	(979) 693-5822	Holiday Inn I & Suites	(979) 485-8300		





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OFFICIAL USE ONLY :	
USJI / USJA/ USJF Card # _____	
Pay Amount _____ Cash _____	Check # _____
JUNIOR NOVICE _____	Weight _____

VENUE - Physical Education Activity Building

JUNIOR BOYS/GIRLS NOVICE - WHITE/YELLOW BELT ONLY

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F
 Address _____ City/State/Zip _____ Phone _____
 E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____
 Emergency Contact _____ Telephone _____

SHIAI ENTRY FEES

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JUNIOR BOYS/GIRLS NOVICE WHITE – YELLOW

Light, Medium, Heavy (may be adjusted to accommodate all competitors)

Enter approximate weight in pounds.

Boys: _____ 5-6 _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14

Girls: _____ 5-6 _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14

Please mail registration to the following address below:

PAYABLE to Texas A&M Judo
 Texas A&M University Judo Team
 4250 TAMU
 College Station, Texas 77843-4250

Bob Perez
 979-218-4582
 bobperez@tamu.edu

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Junior ALL BELTS _____	Weight _____

VENUE - Physical Education Activity Building

JUNIOR BOYS/GIRLS ALL BELTS

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F

Address _____ City/State/Zip _____ Phone _____

E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____

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Enter approximate weight in pounds.

Boys: _____ 5-6 _____ 7-8 _____ 9-10 _____ 11-12 _____ 13-14

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Pay Amount _____ Cash _____ Check # _____	
CADET / IJF _____ Weight _____	

VENUE - Physical Education Activity Building
JUNIOR CADET AND IJF JUNIOR DIVISION

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F
 Address _____ City/State/Zip _____ Phone _____
 E-mail _____ Club _____ USJI/IJF/JA/ATJA/AJF# _____ Exp _____
 Emergency Contact _____ Telephone _____

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Female Cadets (15-17 yrs)	97, 106, 115, 126, 139, 154, +154 lbs
Male Cadets (15-17 yrs)	121, 132, 145, 11, 178, 198, +198 lbs
IJF Junior Female (15-20 yrs)	97, 106, 114, 125, 139, 154, 172, +172 lbs
IJF Junior Male (15-20 yrs)	121, 132, 145, 161, 178, 198, 220, +220 lbs

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Pay Amount _____ Cash _____ Check # _____	
NOVICE _____ Weight _____	

VENUE Physical Education Activity Building
NOVICE ENTRY FORM WHITE - GREEN

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F
 Address _____ City/State/Zip _____ Phone _____
 E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____
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Men:	_____ 132	_____ 145	_____ 161	_____ 178	_____ 198	_____ 220	_____ 220+ lbs
Women:	_____ 106	_____ 114	_____ 125	_____ 139	_____ 154	_____ 172	_____ 172+ lbs

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Pay Amount _____ Cash _____ Check # _____	
SENIOR _____ Weight _____	

VENUE Physical Education Activity Building

Senior ENTRY FORM

Name _____ Rank _____ Age ____ Date of Birth ____ / ____ / ____ **Circle One:** M / F

Address _____ City/State/Zip _____ Phone _____

E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____

Emergency Contact _____ Telephone _____

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Men:	_____ 132	_____ 145	_____ 161	_____ 178	_____ 198	_____ 220	_____ 220+ lbs
Women:	_____ 106	_____ 114	_____ 125	_____ 139	_____ 154	_____ 172	_____ 172+ lbs

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MASTER'S _____ Weight _____	

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**Master's Novice White- Green
Master's – All Belts**

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F
 Address _____ City/State/Zip _____ Phone _____
 E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____
 Emergency Contact _____ Telephone _____

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Novice Masters Men: _____ Rank _____ Age _____
Novice Masters Female: _____ Rank _____ Age _____
Masters Men: _____ Rank _____ Age _____
Masters Women: _____ Rank _____ Age _____

Weight – Age groups may be used depending on Entries

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KATA TEAMS MUST PRE REGISTER - \$40 (PER Team)
Pre-Registration ONLY Postmarked before October 19

Name _____ Rank _____ Age _____ Date of Birth ____/____/____ **Circle One:** M / F

Address _____ City/State/Zip _____ Phone _____

E-mail _____ Club _____ USJI/JF/JA/ATJA/AJF# _____ Exp _____

Emergency Contact _____ Telephone _____

Nage No Kata _____ / _____

Katame No Kata _____ / _____

Juno No Kata _____ / _____

Goshun Justu _____ / _____

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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 23rd Annual Go Shibata Memorial Judo Tournament, and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, American Traditional Jujitsu Association, American Judo & Jujitsu Federation, United States National Collegiate Judo Association, Texas A&M University, Texas Judo Inc., Texas A&M Friends of Houston Judo Department of Recreational Sports, Texas A&M Judo and its officers, 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 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 caused by, arising out of, resulting from or following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the United States Judo, Inc., the United States Olympic Committee, United States Judo Federation, United States Judo Association, American Traditional Jujitsu Association, American Judo & Jujitsu Federation, United States National Collegiate Judo Association, Texas A&M University, Texas Judo Inc., Friends of Houston Judo Texas A&M Department of Recreational Sports, Texas A&M Judo and its officers, together with their affiliated clubs, Tournament Director, Tournament Organizers, Tournament Staff, 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.

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. 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's Printed 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.





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ANYONE 17 OR YOUNGER MUST COMPLETE THIS FORM

JUDO CAMP & ENRICHMENT PROGRAM

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission for my/my child's participation in any and all activities of **23rd Annual Go Shibata Tournament and Brown Belt Championships** (herein referred to as "camp"), which is sponsored by **TEXAS A&M JUDO** (herein referred to as "sponsor"), I hereby release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, Texas A&M University, and their members, officers, servants, agents, volunteers, or employees (herein referred to as RELEASEES or INDEMNITEES) from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while participating in such activity, while traveling to and from the activity, or while on the premises owned or leased by RELEASEES, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.*** I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to my child, myself and others involved with this activity, including but not limited to **23rd Annual Go Shibata Tournament and Brown Belt Championships**, and I choose to voluntarily participate/allow my child to in said activity with full knowledge that the activity may be hazardous to me, my child and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I/my child should not participate. ***I agree to indemnify and hold harmless INDEMNITEES*** from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, my child, other participants, and third-persons as a result of my/my child's participation in said activity, ***including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.***

3. NO INSURANCE. I understand that RELEASEES may or may not maintain any insurance policy covering any circumstance arising from my/my child's participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Organization may not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so organization, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks articulated in this form and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my/my child's participation in this activity with the understanding that the cost of any such treatment will be my responsibility.





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ANYONE UNDER 17 YEARS OLD MUST FILL OUT THIS FORM.

I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me/my child, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, discharge, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me/my child while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES.

I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. VOLUNTARY SIGNATURE. In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. I understand I can choose not to sign this document and free myself and my child from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me/my child that has a lower level of risk to myself and my child. I further understand this is a voluntary, extracurricular activity. While I understand alternative activities are available to me/my child that do not have the risks associated with this activity I still desire to voluntarily engage/permit my child to engage in this activity.

SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS. CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.

SIGNED this _____ day of _____, 2018 _____.

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: If Participant is under 18 years _____

In case of emergency, contact _____

at the following number - _____

If the participant has medical insurance, please indicate:

Insurance Company: _____

Policy Number: _____

Name of Primary Policy Holder: _____

Please list any special services your child may require _____

