2017 Virginia Commonwealth Games at Liberty University
Judo Entry Form Sanctioned by USA Judo # 2017-69-04

Consult the website for sport registration fees. **There is an additional $5 fee for mail-in registrations**, to avoid this fee, please register online at http://www.teamusa.org/USA-Judo/Events/2016/April/16/2016-Coventry-Commonwealth-Games-of-Virginia . Be sure to sign the waiver and mail registration to:

Virginia Amateur Sports
711-C 5th Street NE
Roanoke, Virginia 24016

No phone entries. No fax entries. No email entries. No refunds.
All athletes competing in 2 categories must fill out 2 entry forms.

Athlete Information:

First Name_____ Last name_____

Gender_____ Email address_____

Address_____

City_____ State_____ Zip_____

Phone number_____ Birthday_____ Age_____

Judo Club _____ Rank_____

Card # (USJI, USJA, USJF)_____ Expiration Date_____

USA Citizen? Yes No Foreign Athlete Judo Passport #_____

I certify that all above information is correct.
Signature: _____ (Contestant 18+ or Parent/Guardian)

Please note:

1. It is mandatory that the waiver of liability be signed in order to participate.
2. Anyone failing to fill out the necessary forms can be disqualified from the tournament

It is mandatory that all non-black belt competing in Nikkyu & above, Masters, Youth, Visually Impaired and Senior Female Divisions complete certification below:

I, _____, a Judo Instructor, who has been awarded the Judo rank of Shodan or higher, under the auspices of United States Judo Inc., United States Judo Association, and/or United States Judo Federation, herby certify that the above contestant, although no having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in the Coventry Commonwealth Games.

A copy of my rank (rank certification or my USJI membership card having the verification symbol "V" printed following my rank) is attached. Competitors in the below categories can be disqualified without instructor's rank verification.

Signature of Judo Instructor_____ Rank_____ Date: _____

Division – Please check beside **Entry FEES**

Boys: 5-6 _____ 7-9_____ 10-12_____ 13-16_____ 17-19_____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds) – **No arm-bars will be allowed in any novice categories**

Girls: 5-6 _____ 7-9_____ 10-12_____ 13-16_____ 17-19_____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds) – **No arm-bars will be allowed in any novice categories**

Masters – Men 30-39_____ 40-49_____ 50 & over_____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds)

MASTER – WOMEN _____ **ENTRY FEE** $_____
WEIGHT CLASS: _____WEIGHT IN POUNDS (1KG = 2.2 POUNDS)

Senior Novice Women _____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds)

Senior Women _____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds)

NEW Visually Impaired Women _____ **Entry FEE** **$**_____

Senior Men: Sankyu & below _____ Nikkiyu & above _____ **Entry FEE** **$**_____
Weight class: _____weight in pounds (1kg = 2.2 pounds)

NEW Visually Impaired Men _____ **Entry FEE** **$**_____

KOSEN MASTERS M/F – SENIOR M/F) **ENTRY FEE** **$**_____

KATA FEE - ENTRY FEE $ _____
Kata FEE **Entry FEE** **$** _____

Entry FEE total **$**_____

$_____ **Total**

VIRGINIA AMATEUR SPORTS, INC.

Sanctioned by USA Judo # 2017-69-04

DON'T FORGET TO SIGN – CERTIFICATION & RELEASE AND WAIVER OF LIABILITY

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I am aware that during my participation and attendance at the Virginia Commonwealth Games at Liberty University ("Games") and related services and activities, Virginia Amateur Sports, Inc and its agents, employees and associates ("Sponsor") will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport (s) in which I will be training, preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazards or dangerous conditions of the facilities and grounds used as a part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all the above risk, and agree that, in the event of an injury to me as a result of an accident which occur during my involvement and participation of the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present my claim for the personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use likeness, voice, and words in television, radio, film, or in any form to promote activities of the Virginia Commonwealth Games at Liberty University. I also understand that there will be no refunds.

Participants Signature _____

Print Name: _____ Date: _____

(Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occur during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

No arm-bars will be allowed in any novice categories.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports. Permission to use my child's likened, voice, and words in television, radio, film, or in any form to promote activities of the Virginia Commonwealth Games at Liberty University. I also understand that there will be no refunds.

Parents/Guardian Signature (If participant is 17 years of age or younger Signature:

_____

PRINT NAME: _____ DATE: _____

WARNING, WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK AND REQUEST TO PARTICIPATE

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THIS AGREEMENT MUST BE SIGNED BY ALL MEMBERS WHO WISH TO PARTICIPATE IN ANY ACTIVITY OF THE Roanoke Kudokan Judo, Inc. CLUB

In consideration of being allowed to participate in the activities of the ROANOKE KUDOKAN JUDO, INC CLUB, I:

1. Recognize and understand that martial arts training is a physical contact activity and that my participation might result in serious injury, including permanent disability, traumatic brain injury or death, and severe social and economic loss.
2. Recognize and understand that such risk may be due to, not only my own actions, but also the action, inaction or negligence of others, the regulations of participation, or the conditions of the premises or of any of the equipment used.
3. Recognize that there may be other risks that are not known to me or to others or not reasonably foreseeable at this time.
4. Agree to inspect the facilities, equipment and pairings prior to participation. I will immediately inform an instructor if I believe that anything is unsafe or beyond my capability and refuse to participate.
5. Assume all the foregoing risks and accept personal responsibility for any damages that may result from injury, permanent disability or death.
6. Enter martial arts training and/or competition entirely of my own free will and understand the importance of following the rules of training and competition. I agree to abide by the instructions given except as provided in item 4 above.
7. Have no disease, injury, or other condition that might cause harm to me, or others, while engaging in close physical activity with others.
8. I certify that I am in good physical condition, and have no disease, injury or other condition that would impair my performance or physical and mental well-being during intense training practice and/or competition.
9. Grant permission in case of injury to have a doctor, nurse, athletic training or other emergency medical personnel provide me with medical assistance or treatment for such injury.
10. Release, waive, discharge and covenant not to sue the Roanoke Kudokan Judo, Inc. Club, United States Judo Association, Virginia Judo Inc., United States Judo Inc., affiliated organizations and national governing bodies, their officers, instructors and personnel, other members of the organizations, participants, supervisors, coaches, sponsoring organizations or their agents, and if applicable, owners and leasers of the premises from any and all liability to the undersigned, his or her heirs and next of kin for any and all claims, demands, losses and damages which may be sustained and suffered on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WARNING, WAIVER, RELEASE, AND AGREEMENT TO PARTICIPATE.
I UNDERSTAND ITS CONTENTS AND DO HEREBY SIGN IT VOLUNTARILY.

Printed Name	Signature	Date
Phone	E-mail	
Printed Name of Parent or Guardian if under 21	Signature	Date