

# 2009 All Women's Judo Championship

Hosted by: IWJA and Mid-East Cudell Judo

Sanctioned by U.S.J.A: 09-078

[www.iwja.net](http://www.iwja.net)

Please join us for this years 2009 All Women's Judo Championships in Cleveland, Ohio. We provide you first class service and facilities at this premier Women's Judo Event. Open to all Female Judoka, Jr., Sr., Master, National and International

## FRIDAY, NOVEMBER 20, 2009

**COACHES/REFEREE AND KATA CLINIC** – Open to everyone – valid US or foreign NGB membership required

Registration and weigh in:  
3:00 pm to 7:00pm at tournament site

Coaches, Kata and Referee clinics and certification  
Start 3:00 pm – 7:00 pm at Cudell Rec. Center

**New location: Cudell Recreation Center**  
1910 West Boulevard Cleveland, OH 44102

## SATURDAY, NOVEMBER 21, 2009

### WOMEN'S SHIAI AND KATA COMPETITION

Registration & Weigh in  
8:00 – 9:30 am Junior, Kata, Senior and Master  
Referees Meeting  
Chief Referee – Sharon Landstreet  
9:00 am  
Opening Ceremonies  
9:30 am (followed by competition)  
Coaches and Referee clinic and certification  
(continued) throughout Event

**New location: Cudell Recreation Center**  
1910 West Boulevard Cleveland, OH 44102

### LOCATION & HOST INFO.

**Cudell Recreation Center**  
1910 West Boulevard Cleveland, OH

**Host Club: Mid-East Cudell Judo**

**Club Liaison: Victor Anzalone**  
216 650 6093 [va@viicorp.com](mailto:va@viicorp.com)

## International Women's Judo Alliance And Mid-East Cudell Judo

### Special Guests:

Coaches and Competitor Clinician, **Loretta Edwards**  
Chief Referee and Clinician, **Sharon Landstreet**  
Head Kata Judge and Clinician, **Frances Glaze**

**PRE-REGISTRATION IS NECESSARY TO ENSURE A GREAT TOURNAMENT**  
ONLINE REGISTRATION AT [WWW.IWJA.NET](http://WWW.IWJA.NET)

### REGISTRATION INFORMATION

Pre-Registration I Shiai Wt./age Div. and Open) Kata pair (2 Kata) Novice Div. 1st. 3 sets, Nage no Kata post marked by: 11/14/09	USD \$ 40.00
	USD \$ 50.00
On-Site Registration one div. or one Kata	Kata USD \$60.00 /Shiai USD \$50.00
Shiai and Kata Contestant – additional divisions	USD \$ 10.00
Clinic registration (shiai / kata contestants)	USD \$ 20.00
Clinic registration (non-contestants)	USD \$ 40.00
Previous year competitor discount for bringing new competitor (1@ \$10)	USD -\$10.00

**Hotel Info:** Holiday Inn Cleveland Airport, 4181 West 150<sup>th</sup> Street, Cleveland, OH 44135

**Phone 216-252-7700** [www.holidayinn/cle-airport](http://www.holidayinn/cle-airport) Mention: **Group code:** JUD

**\$69.00+tax 4pp per room w/extended Continental Buffet breakfast. Until Nov. 6<sup>th</sup> 2009**

**AIRPORT SHUTTLE, & EVENT PUBLIC TRANSPORT !**

### DIVISIONS

#### JUNIOR (AGES)

6-8 yr	9-10	11-12	13-14	15-16
Light / Middle / Heavy categories in each				
Open Divisions for 6-12 and 13-16 years				

#### SENIOR

White - Green	Brown - Black
Light / Middle / Heavy categories in each	
Open Division for 17 years and Up	

#### MASTERS (AGES)

30-39 yr	40-49	50-59	60+
Light / Middle / Heavy categories in each			
Open Division for 30 years and up			

Pooling may be adjusted on site to accommodate numbers at the discretion of the tournament director.

#### KATA

Nage no Kata	Katame no Kata	Ju no Kata	Goshin jitsu	Kime no Kata
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#### TOURNAMENT DIRECTOR

DEBORAH L. FERGUS  
2006 Wickwire Rd.  
Benton Harbor, MI 49022  
(269) 208-1068  
[Defrgs6@att.net](mailto:Defrgs6@att.net)  
[www.southsidedojo.com](http://www.southsidedojo.com)

#### COMPETITOR LIAISON

BERNADETTE MCFADDEN: MID-EAST CUDELL JUDO  
[bemcfd@aol.com](mailto:bemcfd@aol.com)  
JULEE COPE, BUSHIDO KAI, OHIO  
[juleecope@hotmail.com](mailto:juleecope@hotmail.com)

#### TOURNAMENT REGISTRAR

International Women's Judo Alliance: Liz Roach  
16 Frankfort Grove  
Jacksons Point, Ontario L0E 1L0  
1 416 580 1885 Fax. 1 905 596 8477  
Web Site: [www.iwja.net](http://www.iwja.net) [defrgs6@att.net](mailto:defrgs6@att.net)

## HOTEL AND ACCOMMODATIONS

### AREA HOTELS

Open to all female judoka national and foreign

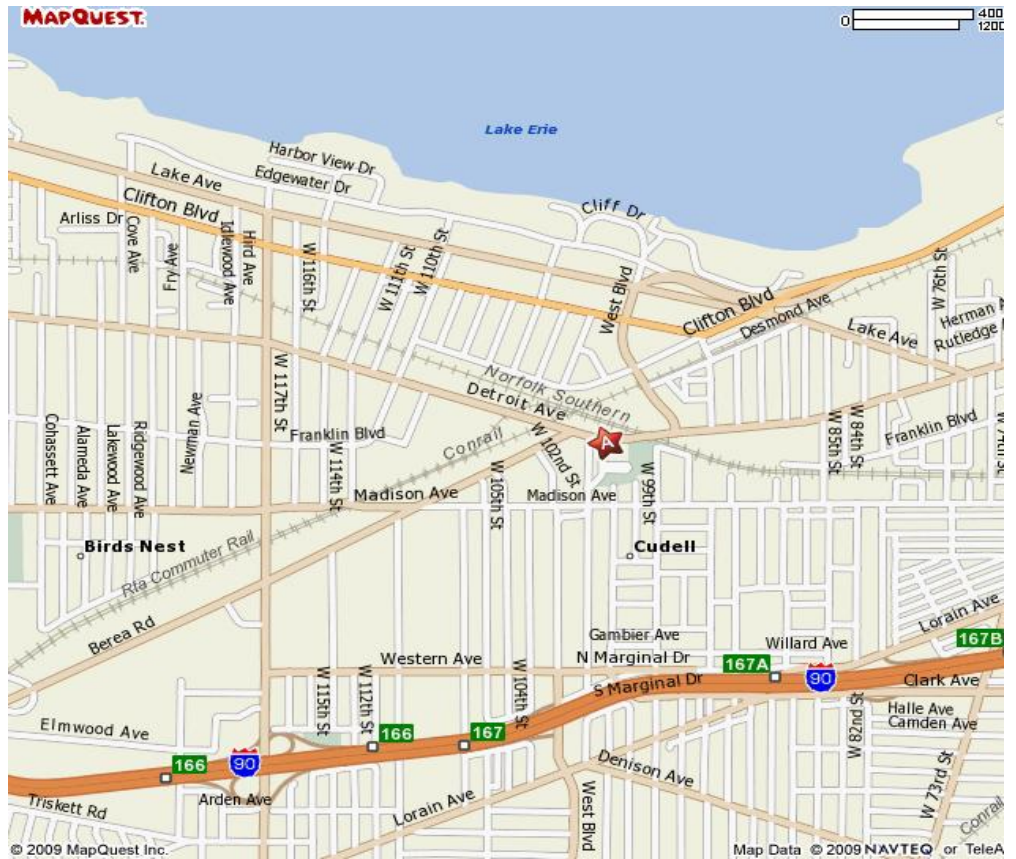
Hotel: **Holiday Inn Cleveland Airport**

Cost: **\$69.00+tax, 4 per room w/extended Continental Buffet breakfast.**

Pre-Register by 11/06/09

**AIRPORT SHUTTLE, & EVENT PUBLIC TRANSPORT !**

**To and From Hotel!**



### ELIGIBILITY:

This tournament is open to all female Junior, Senior, and Masters competitors as well as female Kata pairs. All contestants must provide a valid U.S.J.F., U.S.J.I. (USA Judo), or U.S.J.A. card. Foreign contestants must have the proper ID and NGB# from their home country.

### SCORING:

Modified Double Elimination (4 or more in a division)  
Round Robin (3 or less in a division)

### MATCH TIMES:

Senior and Master's Division, 4 min.  
Junior: 3 min

### RULES:

The current rules of the International Judo Federation (IJF) as modified.

1. GOLDEN SCORE will apply to ALL DIVISIONS.
2. NO Kansetsu waza (arm locks) allowed in Junior Division.
3. Shime waza (chokes) allowed for 13 yrs. of age and older.
4. Kansetsu waza (arm locks) allowed in all senior divisions regardless of contestants' age. (Minimum age to enter senior division is 13 years).
5. 2002 Medical Rules.
6. Contestants must be in Judogi to receive awards. Awards at the end of all competition.

Pre registration First division and Open pre-registration post marked by: 11/14/09	USD \$40.00	
First division on site registration	USD \$50.00	
Additional Shiai/Kata division on site registration ( <b>registration required for each division</b> )	USD \$10.00	
Pre registration Kata Pair (2 Kata) or Novice (first 3 sets Nage no Kata) post marked by: 11/14/09	USD \$50.00	
On site registration Kata Pair (1 Kata) or Novice (first 3 sets Nage no Kata)	USD \$60.00	
11/20-21/09 Clinic fee: (contestants) USD \$20.00 / (non-contestants) USD \$40.00		
Previous year competitor discount for bringing new competitor Kata/Shiai (1@ -\$10)	USD \$ -10.00	

TOTAL:

# 2009 All Women's Judo Championship

Make checks payable to :

Send entry forms to:

"International Women's Judo Alliance"

International Women's Judo Alliance, C/O Liz Roach  
16 Frankfort Grove  
Jacksons Point, Ontario L0E 1L0

Registration Checklist:

- Completed Registration form
- Certificate regarding Non-Black belt
- Waiver and Release agreement
- Registration number or application

## Official Entry Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Club: \_\_\_\_\_

Select one or more

Reg #

Expires

USJF: \_\_\_\_\_

USA Judo: \_\_\_\_\_

USJA: \_\_\_\_\_

Foreign NGB: \_\_\_\_\_

Judo Rank: \_\_\_\_\_

### Select one division per registration form

Junior Divisions: 6-8 yr 9-10 11-12 13-14 15-16

Senior Divisions: White - Green Brown - Black

Master Divisions: 30-39 yr 40-49 50-59 60+

Weight: \_\_\_\_\_

Kata Division: \_\_\_\_\_  (Torii)  (Uke)

clinic Please fill out last sheet for clinic

OPEN DIVISION:  (Jr 6-12)  (Jr 13-16)  (Sr)  (Master)

Please submit a separate registration form for each division that you would like to enter.

### CERTIFICATE REGARDING NON-BLACK BELT CONTESTANT

I verify that I am a Judo instructor who holds the Judo Rank of Shodan or higher, which has been awarded under the auspices of the United States Judo Federation, Inc., United States Judo Association, or United States Judo, Inc., hereby certifies that the above Contestant, although not having been awarded the Judo Rank of Shodan or higher is of sufficient aptitude and skill in Judo to compete in the above described event.

\_\_\_\_\_  
Name of Judo instructor

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

Official use only

Weight: \_\_\_\_\_

Division: \_\_\_\_\_

Registration Type:  ONSITE  PRE-REG (rcvd: \_\_\_\_\_)

Verified By / Date: \_\_\_\_\_

Check: Check # \_\_\_\_\_ \$

Name on check: \_\_\_\_\_ Cash: \$

### 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, in any Judo tournament, practice, clinic, and related events and activities of the United States Judo Federation, Inc., USA Judo Inc., United States Judo Association, Inc., Cudell Recreation Center, Mid-East Cudell Judo, and the International Women's Judo Alliance 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 Federation, Inc., USA Judo Inc., United States Judo Association, Inc., Cudell Recreation Center, Mid-East Cudell Judo, and the International Women's Judo Alliance, 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 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 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 the negligence of the Releasees 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  
(please print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

#### 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.

\_\_\_\_\_  
Parent / Guardian  
(please print name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

# 2009 All Women's Judo Championship

Coaching, Referee, and Kata Clinics, Please complete the following form:  
November 20-21, 2009

Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Age: \_\_\_\_\_ Rank: \_\_\_\_\_ Club: \_\_\_\_\_

USJA#: \_\_\_\_\_ expires: \_\_\_\_\_

USJI#: \_\_\_\_\_ expires: \_\_\_\_\_

USJF#: \_\_\_\_\_ expires: \_\_\_\_\_

Foreign NGB#: \_\_\_\_\_ expires: \_\_\_\_\_

Clinic: (COACHING) (REFEREE) (KATA)

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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 Federation, Inc., USA Judo Inc., United States Judo Association, Inc., Cudell Recreation Center, Mid-East Cudell Judo. and the International Women's Judo Alliance**, 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 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 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 the negligence of the Releasees 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  
(please print name)

Date

Participant's Signature

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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 / Guardian  
(please print name)

Date

Parent / Guardian Signature