

Rattler Round Up XXV

Saturday, October 12, 2019

Congress Middle School

101 S. Congress Ave.
Boynton Beach, FL 33426

Absolutely No Weigh-ins or Registrations at Venue!

Shiai & Kata Competition Start 10A

Pairings to be posted @ Venue: 9A Saturday 10/12/19

Kata Competition - Junior & Senior: Mixed OK

Eligibility: Current USJA, USJF, or USA Judo

Divisions: Standard USA Judo Ages & Weights

Youths born after 2001 – 2 yr increments (Light, Med. Heavy)

Rules: IJF (modified), Double Elimination

USA Judo Youth rules & times apply for Cadets & Juniors

Matches: 3 min. Youths & Masters, 4 min. Seniors, 2 min. Ne Waza

Chief Referee: Mindy Buehman

Tournament director reserves the right to make changes as needed



Register Online at JudoUS.com

\$50.00 Early Registration if received by

Tuesday, 10/8/19. Late fee is \$65!

(\$25 for each extra division)

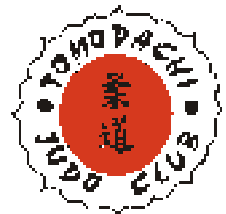
Absolutely No Registrations will be accepted after 5PM Friday, 10/11/19

To register by mail: 2534 SW 12 St., Boynton Beach, FL 33426

Sponsored by the Palm Beach County Sports Commission



**Awards: 1st, 2nd, 3rd, Place Medals
1st, 2nd & 3rd Place Club Trophies**



Tournament Director: Mike Szejter - cell 561-704-3414 - Email: mikesz@bellsouth.net

Registrations Director: Hans Vogt - cell 561-403-3376 - Email: havog2001@outlook.com

Tomodachi Judo Event – Official Entry Form

<input type="checkbox"/> Cash	\$ _____
<input type="checkbox"/> Check	# _____
<input type="checkbox"/> Weight (kg)	_____

Event Name _____ **Event Date** _____

Contestant Last Name (please print!) _____ **First** _____ **MI** _____

Belt color/ Rank _____ **Birth Date** _____ **Age** _____ **Club Name** _____ **Male**

Female

Division to compete in
 Shiai Ne Waza (Grappling) 2nd Division
 Master Division (30 yrs and older) Senior Division Youth Division (under 17yrs)

Membership Information:

USA Judo USJA USJF Other organization: _____

Membership #: _____ **Expiration Date:** _____

Contestant must provide proof of current membership or copy of application for new/renewal of membership!

Personal Information:

Street Address _____ **Email** _____

City _____ **State** _____ **Zip** _____ **Telephone** _____

Parent/Guardians Contact Info _____ **Coach** _____

In consideration of your acceptance of this entry, I hereby for myself, my heirs, executors and administrators, waive and release all rights and claims for damages I may have against the Tomodachi Judo Club and all other participants and this events officials and employees, representatives or assignees, including United States Judo, Inc., USA Judo, United States Judo Federation Inc., United States Judo Association Inc., City of Boca Raton & Greater Boca Raton Park District, City of Boynton Beach, Boynton Beach Parks and Recreation, City of Delray Beach, Delray Beach Police Department, Congress Middle School, Atlantic High School and Palm Beach County School Board for damages or injuries which may be suffered by me as a result of attending, participating in, practicing for or traveling to or from this event.

I hereby authorize the following named person(s) _____ to act in my behalf in any an all matters requiring parental consent for my child (contestant named above if under 18 years of age) during the period of this event. This authorization includes rendering and accepting any and all official medical care and well being of my child during the period of this event.

Contestant's Signature (minor and adult) _____ Date _____

Parent/Guardian's Signature (for contestants under 18 years old) _____ Date _____

Please make checks payable to: Tomodachi Judo
2534 SW 12 Street, Boynton Beach, FL 33426
Waiver on reverse side must also be completed!

Tomodachi Judo Club Credit Card Charge Request

If you wish to use your Credit Card for a Payment or Donation to Tomodachi, please complete the following information and enclose with your application form(s):

Name: _____

Address: _____

Billing Zip Code Needed: _____

Telephone #: _____

Credit Card (circle one): MasterCard ----VISA ----Discover ----American Express

Credit Card #																				
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Credit Card Expiration			CVV Code
	(Month)	(Year)	

Name as it appears on Credit Card (please print):

Amount: \$ _____

5% handling fee: \$ _____

Amount authorized to charge: \$ _____

Signature: _____ Date: _____

Memo: _____

Tomodachi Judo Club
Fax: 561-496-7000