



2019 SUNSHINE STATE GAMES



Saturday, June 15, 2019

Host Hotel: **The Inn at Boynton Beach** - \$65+Tx
480 W Boynton Beach Blvd., Boynton Beach, Fl. 33435
tele: 561-734-9100 –Say “Judo”

Venue: **Congress Middle School**
101 S. Congress Avenue
Boynton Beach, Fl. 33426

\$65 Pre-Registration must be received by Monday 6/10/19

(Each additional division \$50, for allowable divisions only)

\$85 Late Registrations will be accepted Fri. 6/14/19 5-7P @ Hotel (No refunds)

Online Registration is available <https://sunshinestate.fusesport.com/registration/1086/>

Registrations allowed Fri. 6/14/19 6-7P @ Hotel

Absolutely No Registrations on Saturday, 6/15/19

Chief Referee: Melinda Buehman, IJF “A” Referee

Referee Meeting: Saturday 8:30 a.m. at the venue. Coaches and Athletes welcome

Shiai Competition to start at 9 a.m., Kata not before 11 a.m.

Competitors are required to bring their own white and blue belts.

Rules: Current (2019) IJF rules (modified double elimination).

Eligibility: Must be a current member of USA Judo, USJA, USJF, ATJA, AJJF, or their National Org.

Match time: 3 min. Novice, Youth & Master, 4 min. Senior, 2 min. Ne Waza (1 min. GS)

Divisions: Standard USA Judo Ages & Weights except novice

Novice Divisions: White & yellow belts ONLY Light, Medium, Heavy, for each. No chokes or arm bars allowed.

Kata Competition - Junior & Senior: Mixed OK

Tournament director reserves the right to make changes as needed



Directors: Ricardo Mendez - rm2701@bellsouth.net & Mike Szejter - mikesz@bellsouth.net

Website – <https://sunshinestategames.com/judo/>

Sponsored by the Florida Sports Foundation

Hosted by Florida Judo Inc. & Tomodachi Judo Club

For more info: Download Registration/Waiver at JudoUS.com

Entry Form - 2019 Sunshine State Games

\$65.00 pre-registration entry fee

Complete entry form, and signed Waiver **must** be received by **6/10/19**

Each **Additional** division **\$50.00 \$85.00 Late registration** if received after **6/10/19**

Make check payable & mail to: **Florida Sports Foundation**
101 North Monroe St., Suite 1000, Tallahassee, Florida 32301

Competitors may register Friday, 6/14/19 between 6PM & 7PM @ Hotel

Name: _____ **Gender:** M / F **Year of Birth:** _____ **Weight (KG):** _____

Judo Club: _____ **Instructor:** _____ **Color Belt:** _____

National Org: _____ **Membership#:** _____ **Exp Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____ **Phone:** _____

CIRCLE YOUR DIVISION:

1. Novice or 2. Standard

1. **NOVICE** DIVISION - **YES or NO** (white-yellow belt ONLY --- NO Chokes or Arm Bars)

All Novice divisions are Light – Medium – Heavy

2. **STANDARD** DIVISION - **YES or NO** (all ranks)

- | | |
|---|--|
| a. 5-6 years (Born 2013-2014): | Female & Male: 23, +23 kg |
| b. 7-8 years (Born 2011-2012): | Female & Male: 23, 27, 31, 35, +35 kg |
| c. 9-10 years (Born 2009-2010): | Female: 27, 32, 37, +37 kg |
| d. Male: 30, 36, 42, +35 kg | |
| e. INTERMED 1 (Born 2009-2010): | Female & Male: 26, 30, 34, 38, 43, +43 kg |
| f. INTERMED 2 (Born 2007-2008): | Female & Male: 28, 31, 34, 38, 42, 47, 52, +52 kg |
| g. JUVENILE A (2005-2006): Chokes only | Female & Male: 36, 40, 44, 48, 53, 58, 64, +64 kg |
| h. CADET (Born 2002-2004): Chokes & Arm bars | Female: 40, 44, 48, 52, 57, 63, 70, +70 kg
Male: 50, 55, 60, 66, 73, 81, 90, +90 kg |
| i. IJF JUNIOR (1999-2004): Chokes & Arm bars | Female: 44, 48, 52, 57, 63, 70, 78, +78 kg
Male: 55, 60, 66, 73, 81, 90, 100, +100 kg |
| j. SENIOR (1998 - | Female: 44, 48, 52, 57, 63, 70, 78, +78 kg
Male: 55, 60, 66, 73, 81, 90, 100, +100 kg |

3. **KATA** DIVISION:

- a. **Kata Name:** _____ **Are you Tori or Uke? (Circle one)**

NO REFUNDS

Check List: Please print legibly on this application, and don't forget to attach the following:

1. **Payment.**
2. **Signed WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE**
3. **Proof of age** (copy of birth certificate or passport).
4. **Copy of membership** card with national organization.
5. Appropriate **Black-belt** certificate or signature.

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

In consideration of being permitted to participate in any way, including travel to and from, 2019 Sunshine State Games (6/15/19) related events and activities of the United States Judo Federation, Inc., United States Judo, Inc., United States Judo Assoc., Inc., Florida Judo Inc., ATJA, AJJF, School District of Palm Beach County, Palm Beach County School Board, Congress Middle School, Falcon Judo Club and Tomodachi Judo Club, I hereby:

1. Acknowledge that I am familiar with sport Judo and understand the rules governing the sport of Judo.

2. Prior to participating, I will inspect the mats, equipment, facilities, competition pools/divisions, and the elimination or scoring systems, if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, 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 traumatic brain injury, 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 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 & covenant not to sue the United States Judo Fed., Inc., United States Judo, Inc., United States Judo Assoc., Inc., Florida Judo Inc., ATJA, AJJF, School District, or School Board of Palm Beach County, Congress Middle School, Falcon Judo Club and Tomodachi Judo Club, together with their affiliated clubs, their respective administrators, directors, agents, coaches, 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 traumatic brain injury, 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 CONDITION 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	Participant's Signature	Date
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FOR THE 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	Parent/Guardian's Signature	Date
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ALL NON BLACK-BELT COMPETITORS MUST HAVE CERTIFICATE BELOW SIGNED AND A COPY OF THEIR INSTRUCTOR'S/COACH'S BLACK-BELT CERTIFICATE MAILED WITH THE APPLICATION. ALL BLACK-BELT COMPETITORS MUST HAVE A COPY OF THEIR OWN BLACK- BELT CERTIFICATE MAILED WITH THEIR APPLICATION.

I, (name of instructor/coach), _____, a Shodan or higher recognized by a national governing body of Judo, certify that the able athlete, although not having been award the rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in this event and division.

Signature of Instructor/Coach	Date	Rank
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Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in or assisting others in participating in Florida's Sunshine State Games "Games", and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

- (a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Games;
- (b) Participating or assisting others in participating in the Games may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- (a) the State of Florida or any of its agencies, the Florida Sports Foundation, Inc. & the Florida Sports Charitable Foundation, Inc., their commissioners, employees or volunteers, coaches, trainers, officials affiliated with the international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials or any other individuals affiliated with the Games;
- (b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- (c) the National Congress of State Games (NCSG), the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
- (d) owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Games.

(3) I FURTHER AGREE THAT:

- (a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor, or official connected with the Games of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
- (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Games, WITHOUT COMPENSATION.
- (C) I have read and fully understand the NO REFUND policy as implemented by the Florida Sports Foundation and forfeit all entry fees in event of withdrawal or ejection from competition.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.

(5) I GRANT PERMISSION TO RELEASE MEDICAL RECORDS to the Florida Sports Foundation & Florida Sports Charitable Foundation, related to injury or illness, evaluation of injury or illness or treatment of injury or illness by on-site Games medical personnel or medical personnel contracted by the Florida Sports Foundation.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Participant Name (print)

Participant Signature
(if 18 years or older)

Date

Signature of Parent/Legal Guardian, individually and in the capacity as Parent/Legal Guardian is required if the Participant is under 18 years of age.

Parent/Legal Guardian Name (Print)

Parent/Legal Guardian Signature

Date

All participants must complete the Agreement, Release and Waiver of Liability in order to compete in Florida's Sunshine State Games. Team entries should include copies of this form for each athlete that participates.