

Imperial Dragon Judo Open

Sanction USJA

October 9th, 2010

Trinity Life Church of God, Gym

1942 W. Memorial Blvd

Lakeland, FL 33815



Tournament Director: Frank Phillips

Asst Director: Gene Thorner

Entry Fee Per Person:

Pre-register: \$40.00 Walk-in(Sat) \$50.00 Kata (per person) \$25.00

Pre-Register Deadline : Pre-registration entries must be **received by Wed Oct 6, 2010**

Send in your weight with pre-registration and you will not be required to weigh-in the day of the tournament. (This accommodation is based on the honor system.)

Sat. Oct 9, 2010:

- 9:00am – 10:30am – Pre-register check-in and Walk in registration
- 9:45 – Kata begins
- 11:00 Tournament begins

Jr Boys and Girls divisions: Light and Heavy

5-6 yrs 7-8 yrs 9-10 yrs 11-12 yrs 13-14 yrs 15-16 yrs

Men and Women's divisions: Light and Heavy

IJF Rules and Regulations

No Shime Waza under 13, No Kansetsu Waza under 17

Eligibility requires current card in one of the following: USJA, USJF, USA Judo

Tournament Director: Frank Phillips phone 863-858-2192 cell 863-370-6604

Web: www.imperialdragonjudoclub.com email: info@imperialdragonjudoclub.com

(TOURNAMENT DIRECTOR RESERVES THE RIGHT TO MAKE ANY CHANGES THAT ARE NEEDED FOR A SUCCESSFUL TOURNAMENT)

Entry form on next page

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Official Entry Form:

Name: _____ Weight (in Kg) _____
(Send in your weight on the honor system)

Belt Color: _____ Date of Birth: _____ Age: _____ Male / Female

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

USJA# _____ USA Judo # _____ USJF# _____ Exp. date _____
(include copy of card or bring to tournament)

Name of Club: _____

Sensei/Coach: _____

Emergency Contact Phone: _____ Phone: _____

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 Imperial Dragon Judo Club and all other participants and event officials and employees, representatives or assignees, including the City of Lakeland, FL and Trinity Life Church of God, 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 and all matters requiring parental consent for my child (contestant named above if under 18) 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.

Applicant Signature: _____ Date: _____

Parent /Guardian Signature: _____ Date: _____

Make check payable to:
Mail to:

Frank Phillips
2717 Chabett Ave
Lakeland, FL 33810