

Spokane Valley Judo Tournament 2018

USJF Sanction # 18-01-09

LOCATION: Hub Sports Center 19619 E Cataldo Ave. Liberty Lake WA 99016

CONTACT: Josh Heuett 509-991-7420 Email: Josekidojo@gmail.com

DATE: SUNDAY Jan. 14th 2018. Doors open 9am. Competition starts at 9:45am.

REG/WEIGH-IN: Saturday Jan 13th at Joseki Dojo 5-7pm. 101 N Argonne Rd Spokane Valley. Or at Athol Elementary School Friday Jan 12th 4-6pm.

ELIGIBILITY: USJF, USA JUDO, USJA memberships. Must present card at registration.

Entry Fee: \$25 first division, \$15 for 2nd division. (Awards for 1st 2nd 3rd place.)

NOTE: Please send one team roster to Josekidojo@gmail.com by 1-11-2018.

Please provide: competitors name, age, gender, weight, belt color, dojo, affiliation, affiliation number and expiration.

Rules: Current IJF rules with the following modifications: All matches are 2 minutes. No chokes for 12 and under. Kansetsu-waza (arm locks) are not allowed in any division. There will be one IJF mat area. A blue Gi is not required. CARE System will not be used.

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Age / Weight Divisions:

- **5 & 6 Boys Light / Med / Heavy**
- **5 & 6 Girls Light / Med / Heavy**
- **7 & 8 Boys Light / Med / Heavy**
- **7 & 8 Girls Light / Med / Heavy**
- **9 & 10 Boys Light / Med / Heavy**
- **9 & 10 Girls Light / Med / Heavy**
- **11 & 12 Boys Light / Med / Heavy**
- **11 & 12 Girls Light / Med / Heavy**
- **13 & 14 Boys Light / Med / Heavy**
- **13 & 14 Girls Light / Med / Heavy**
- **15 – 17 Boys Light / Med / Heavy**
- **15 - 17 Girls Light / Med / Heavy**
- **18+ Male Light / Med / Heavy**
- **18+ Female Light / Med / Heavy**

****Some division may be combined depending on participants.**

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Circle One: Male Female

Date of Birth _____ Age _____

Name _____ Rank _____ Club _____

Contestant Address: _____

City _____ State _____ Zip _____

Telephone Number (____) _____

Circle One Affiliation: USJF – USA JUDO – USJA-- Membership # _____ EXP.
DATE _____

Coach at this tournament: _____

If under 18, parent or guardian's name: _____ Cell _____

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Note: The tournament director reserves the right to modify any division to ensure adequate competition and safety of all the contestants.