

# ORE-IDA JUDO TOURNAMENT ENTRY FORM

USJF Sanction #23-02-08

CONTESTANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

DOJO: \_\_\_\_\_ PHONE: \_\_\_\_\_

RANK: \_\_\_\_\_ SEX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

CURRENT MEMBERSHIP:

USJF# \_\_\_\_\_ USJA# \_\_\_\_\_ USA JUDO# \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

Check if assistance/accommodation is needed:  Vision Loss/Blindness  Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: \_\_\_\_\_

## **CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS**

I, \_\_\_\_\_, a Judo Instructor, who has been awarded the rank of Shodan or higher, under the auspices of the USJF, USJA or USA Judo, hereby certify that, \_\_\_\_\_, although not having been awarded the rank of Shodan or higher is of sufficient aptitude and skill in Judo to compete in this Tournament. Copy of rank certificate is attached.

Contestant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sensei's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS ENTRY FORM MUST BE ACCOMPANIED BY THE WARNING, WAIVER AND RELEASE FORM.**

## **TOURNAMENT OFFICIAL USE ONLY**

Current Membership verified by:

Entry fee verified by:

USJF# \_\_\_\_\_

USJA# \_\_\_\_\_

USA JUDO# \_\_\_\_\_