



2024 Michigan State Games Judo

Sanction: USJF # 24-02-02

Michigan State Games Judo -Saturday, February 17, 2024

LOCATION: Kroc Center, 2500 S. Division, Grand Rapids, MI 49507

ELIGIBILITY: All contestants must provide a valid USJF, USJA, or USA Judo card.

Foreign contestants must have the proper ID from their home country.

1. You must present the primary membership card that shows the insurance coverage is current. If you do not present the membership card, you must purchase a membership card on site.

SCORING SYSTEM: True Double Elimination (6 or more in a division) and Round Robin (5 or less in a division)

MATCH TIMES:

Juniors	2 (for 6&7 year olds), 3 minutes (for 8 & older)
Seniors Men & Women - White, Green	3 minutes
Senior Men & Women – Brown & Black belt	4 minutes
Masters	3 minutes

RULES: The current contest rules of the International Judo Federation (I J F) as modified.

- 1) **GOLDEN SCORE** will apply to **ALL DIVISIONS**. There will be Hantei when neither contestants score by the end of the over time match period. For 6 & 7 year olds and Masters the Golden Score Match time is one minute.
- 2) **NO kansetsu waza (Arm Locks)** allowed in Junior or Novice Divisions.
- 3) **NO Shime waza (Chokes)** allowed in Novice Divisions
- 3) **Shime waza** allowed for 13 years of age and older Advanced Divisions
- 4) **Kansetsu waza** allowed in all senior divisions for those Sankyu and above only. (Minimum age to enter senior division is 16 years.)
- 5) Current IJF Rules Medical rules for all divisions except for Jr. Divisions who will use the 2003 rules.
- 6) All competitors must bring a white and blue belt to wear for competition. If you only have one gi, it must be white to compete and when you are on the blue side you must have a blue belt!
- 7) There may be co-ed competition for competitors 8 years and under.
- 8) **Mat Size** – Two 8 meter x 8 meter competition areas with 3 meter safety area on perimeter and 4 meters between competition areas.

AWARDS: *Individual Competition* - Awards for first, second, and third place

DIVISIONS:

Girls -	6 & 7 year olds*	- light, middle and heavy
	8 year olds *	- light, middle and heavy
	9 and 10 year olds	- light, middle and heavy
	11 and 12 year olds	- light, middle and heavy
	13 and 14 year olds	- light, middle and heavy
	15 and 16 year olds	- light, middle and heavy
Boys -	6 & 7 year olds*	- light, middle and heavy
	8 year olds *	- light, middle and heavy
	9 and 10 year olds	- light, middle and heavy
	11 and 12 year olds	- light, middle and heavy
	13 and 14 year olds	- light, middle and heavy
	15 and 16 year olds	- light, middle and heavy
Senior Men -	white/green/blue belts	- light, middle and heavy
	Brown belts	- light, middle and heavy
	Black belts	- light, middle and heavy
	(Brown belts may enter black belt divisions)	
Senior Women -	white/green/blue belts	- light, middle and heavy
	Brown and black belts	- light, middle and heavy
Masters -	Yudansha (black belt) Division and Mudansha (non black belt) Division	
	30 - 39 year olds	- light, middle and heavy
	40 year olds and older	- light, middle and heavy
Kata -	Nage no Kata, Katame no Kata, Ju no Kata, Kime no Kata, Goshinjutsu Itsutsu no Kata, Koshiki no Kata	



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ON-LINE PRE – REGISTRATION ONLY: Must be received no later than 11PM February 14, 2024) - Entry fees are not refundable!
PRE REGISTER ON-LINE AT: <https://event.racereach.com/sgom-wg-judo/register/>

Shiai: Same person entering more than one division:
First Division = \$60.00
Additional Divisions = \$30.00 each

Kata: Same team entering more than one division:
First Division = \$60.00 per team
Additional Divisions = \$30.00

THERE WILL BE NO ON-SITE ENTRY ONLY CHECK IN FOR PRE-REGISTERED ATHLETES

Event Admission \$5 per person. Ages 7 & Under- Free

Vendors

**Attention all vendors. Sponsorship and space is available.
Please contact Jim Murray at 616-293-1568 for additional information**

CHECK IN AND WEIGH IN: Saturday, February 17, 2024

Division	Check-In	Compete
Juniors 10 years old & under	10:00 a.m. - 10:45 a.m	12:00 p.m. or completion of Pooling
Juniors 11 years old & older	10:00 a.m. - 11:00 a.m	12:00 p.m. or completion of Pooling
Kata	10:00 a.m. - 10:45 a.m	11:00 a m
Masters / Senior Brown & Black	10:00 a.m. - 11:30 a.m	1:30 p m or completion of Juniors
Senior White & Green Belt	10:00 a.m. - 11:30 a.m	1:30 p.m. or completion of Juniors

TOURNAMENT DIRECTORS:

Jim Murray, Director
616-293-1568
murrayjim@charter.net

Neil Simon, Assistant Director
248-358-0121
NJSimon@aol.com

HEAD REFEREE: Alex Murray – IJF Continental

HEAD KATA JUDGE: TBD

REFEREE MEETING: 11:00 am.

HEAD SCOREKEEPER: Neil Redding

The tournament directors reserve the right to make necessary adjustments regarding the conduct of this tournament as they deem necessary in the best interest of the participants. The tournament directors may refuse any entry that is found to contain false information.

Area Accommodation *

Hampton Inn Grand Rapids-South
755 54th Street SW, Wyoming, Michigan, 49509
USA TEL: +1-616-261-5500



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PRE REGISTER ON LINE AT: <https://event.racereach.com/sgom-wg-judo/register/>

No late entry at the tournament site.

NAME: _____ Sex: Male :Female:
Last First

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL: _____

AGE _____ DATE OF BIRTH ____ / ____ / ____ WEIGHT: _____ CLUB _____

CURRENT PRIMARY REGISTRATION #: (circle one)	USA Judo USJA USJF	No.:	Expiring Date:	
FOREIGN CONTESTANT'S NGB #			Expiring Date	

DIVISION(s) YOU WISH TO ENTER: _____ RANK: _____

KATA DIVISION (X the kata(s):	<input type="checkbox"/> Nage, <input type="checkbox"/> Katame, <input type="checkbox"/> Ju, <input type="checkbox"/> Goshinjutsu, <input type="checkbox"/> Kime, <input type="checkbox"/> Koshiki, <input type="checkbox"/> Itsutsu
	TORI: _____ UKE: _____

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- 7) All competitors must bring a white and blue belt to wear for competition. If you only have one gi, it must be white to compete and when you are on the blue side you must have a blue belt!
- 8) There may be co-ed competition for competitors 8 years and under. *

If assistance/accommodation is needed (check off appropriate box)

Vision Loss/Blindness Hearing loss/Deafness Other _____

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

*The tournament director reserves the right to make necessary adjustments regarding the conduct of this tournament, as he deems necessary in the best interest of the participants. The tournament director may refuse any entry that is found to contain false information.

WARNING!
WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE
(Including Limited Co-Ed Competition for Age 10 and Under for USJF Sanction)

In consideration of being permitted to participate in any way, including travel to and from, in any Judo tournament, practice, clinic, and related events and activities ("Activity") of the **United States Judo Federation, Inc., Konan Judo Yudanshakai, Godai Judo, The Kroc Center, and the officers, employees, volunteers, and agents, I agree:**

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.

2. I further acknowledge that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor, and/or a tournament official of such conditions and refuse to participate.

3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including 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, including United States Judo Federation, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event (Releasees), 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 to me 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, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., Konan Judo Yudanshakai,, Godai Judo, and the Kroc Center**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. CONSISTENT WITH THE BY-LAWS OF USJF, THIS TOURNAMENT MAY INCLUDE CO-ED COMPETITION FOR AGES 10 AND UNDER IN COMPARABLE AGE/WEIGHT DIVISIONS WHERE THERE IS AN INSUFFICIENT NUMBER OF GIRLS FOR NON-CO-ED AGE/WEIGHT DIVISIONS. I HAVE READ AND UNDERSTAND THE TOURNAMENT ANNOUNCEMENT CONCERNING THESE SPECIAL DIVISIONS. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS 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/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant's Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child's 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/Legal Guardian

Parent/Legal Guardian's Signature

Date

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HEAD UP WAIVER

For those under 18; this form must be signed by the parent or guardian and minor

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

By my name and signature below, I acknowledge in accordance with Public Acts 342 or 2012 that I received and reviewed this concussion educational material.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE



UNITED STATES JUDO FEDERATION

Medical Committee

Mailing Address: PO Box 338
Ontario, OR 97914-0338

Telephone: (541) 889-8753

FAX: (541) 889-5836

Internet: www.usjf.com

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

Masking:

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

Symptom Screening:

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html> [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician