2016 ARIZONA FREESTYLE JUDO INVITATIONAL SERIES

TOURNAMENT INFORMATION

Date: May 15, 2016

Location: Sitan Gym Arizona 3029 N Alma School Rd #128

Chandler, AZ 85224

Registration Form may be submitted:

- -by hand to Sitan Gym Arizona and the address above on day of tournament.
- -by mail to the address above before JANUARY 21st
- -by email with a scanned, hand signed and filled out registration form to sitangymaz@gmail.com

To obtain registration form, please visit our website: www.sitangymaz.com/judo

TOURNAMENT SCHEDULE

- -8:00 AM Officials/Volunteers meeting
- -9:00 AM Registration
- -10:00 AM Randori all divisions.

Note to all competitors, coaches and parents:

This event is meant to be a friendly competition to prepare for bigger tournaments. This is our first time running an event like this so please be patient with us. We also invite constructive criticism in order for our next event to be more successful. Your support is greatly appreciated.

Thank you for your Participation, Thiago Azeredo

ARIZONA FREESTYLE JUDO INVITATIONAL APPLICATION

Belt Rank:Beginner (White & Yellow)Intermediate (Color Belts)Advanced (Brown and up)
Age Group:5 years and under6 & 7 years8 &9 years10 & 11 years12 & 13 years14 & 15 years16 & 17 years18 years old +
Student Weight: (to be filled out at weigh-ins by official)lbs
Competitor Name: DOB// Sex: M/F
Address: Apt.# City Zip Code:
Home Phone: () Mobile: ()
Emergency Contact:Emergency Phone ()
E mail:@
Dojang Name Instructor Name:
I understand and appreciate that physical injury and related damages are an inherent and necessary risk of participation in the sport of Judo and Martial Arts. I expressly assume all such risks. I agree to read and follow the rules and regulations of the Arizona Freestyle Jud/Sitan Gym Arizona LLC. I accept full responsibility for the cost of medical and/or other treatment for any injury or damages, which I may sustain. I release hold harmless and waive all claims against the promoters, operators and sponsors, individually or collectively, for any and all injury or damage I may sustain while attending or participating in this championship, including any claim for negligent supervision, instruction and/or maintenance of the facilities. Organizing committee has the right to refuse entry or admission. No refunds given. * Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian). Initial here Participant's parent or legal guardian's full name. This person acknowledges they are truthfully answering the above registration and will sign participation waiver during or have present during credential pickup. For participants 17 years and under in age. Participants will not be able to compete without a signed waiver. * Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian).
Initial here I further understand that any pictures taken of the minor child or in connection with this athletic organization may be used by the SITAN GYM for publicity or promotion without compensation. * Please indicate your acceptance of this waiver. (If under 18 this release and consent must by parent or guardian). Initial here
Parent/ Competitor Printed Name:
Parent/ Competitor Signature: Date:

\$25 Fee Paid on Date Cash Credit Card