

# Imperial Dragon Judo Open

Sanction USJA

**October 22<sup>th</sup>, 2011**

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:** (free tournament t-shirt to those who pre-register)

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

**Pre-Register Deadline :** Pre-registration entries must be **received by Wed Oct 12, 2011**

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. T-Shirts not guaranteed if received after Oct. 12)

## **Sat. Oct 22, 2011:**

- 9:00am – **10:00am** – Walk in registration
- 9:00am – 10:30am – Pre-register check-in
- 10:30 – Kata begins
- 11:30 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: Senior and Masters    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 863-844-1601

Web: [www.imperialdragonjudoclub.com](http://www.imperialdragonjudoclub.com)    email: [info@imperialdragonjudoclub.com](mailto: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: \_\_\_\_\_

(Circle one) USJA | USA Judo | USJF Member #: \_\_\_\_\_ Exp. date \_\_\_\_\_  
(include copy of card or bring to tournament)

T-Shirt Size (Circle one) Youth: Med Large Adult: Small Med Large 1X 2X

Name of Club: \_\_\_\_\_

Sensei/Coach: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ 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: \_\_\_\_\_  
(If applicant is under 18)

Make check payable to: Frank Phillips  
Mail to: 2717 Chabett Ave  
Lakeland, FL 33810

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Help make our tournament successful. If you able to volunteer some time, please fill out our technical official form.

## Technical Official Entry Form:

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Club: \_\_\_\_\_

Mail to:

Frank Phillips  
2717 Chabett Ave  
Lakeland, FL 33810