Release Form for Minors (Competitors under 18 years of age)

NOTE: This is a legal document which must be properly completed and signed for your entry to be accepted. The content of this document affects your rights as a Judo Ontario member. If you do not understand it, we recommend you obtain legal advice before signing.

RELEASE, INDEMNITY, WARRANTY, AND ASSUMPTION OF RISK

In consideration of the acceptance of the entry of the child named below (hereinafter referred to as "the said child") to compete in and /or being permitted to participate in _____(hereinafter referred to as "this tournament"), I/We for myself/ourselves and for and on behalf of the said child hereby release, remise and forever discharge, and agree to indemnify and save harmless The Ontario Judo Black Belt Association , the organizers of this tournament, their respective officers, executives, directors, officials, agents, servants and representatives (hereinafter referred to as "the Releases") from and against all claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to the person or property of the said child, or myself/ourselves, howsoever caused, arising out of or in connection with the said child competing or participating in this tournament and notwithstanding that the same may have been caused by, contributed to or occasioned by the negligence, breach of contract, breach of a common duty of care as an occupier of premises, or otherwise, of or by the Releases or any of them.

I/We agree for myself/ourselves and for and on behalf of the said child to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with the said child competing or participating in this tournament and to adhere to all rules, regulations and conditions of this tournament.

I/WE CERTIFY THAT:

1. The said child is in good physical condition and has no injury within the last 60 days (e.g. concussion, sprain), disease or disability nor has he/she injected or ingested anything that would impair his/her performance or physical condition or increase the likelihood of injury in competing or participating in this tournament.
2. No physician, nurse, therapist, trainer, coach, manager or other person has advised me/us not to allow the said child to compete or participate in a body contact sport or in this tournament.
3. I/we am/are familiar with the sport of judo and the nature of a judo contest. I/We am/are aware that there is a high risk of injury by the very nature of the sport.
4. We are the father and mother of the said child or the Guardian(s) of the said child and the only person(s) entitled to act for and on behalf of the said child.
5. This Release Form authorizes the Tournament Director, after consultation with me, to permit a change in either age or weight categories or both as permitted by Judo Ontario's Tournament Standards Policy.
6. We are aware of the code of conduct governing this sport and agree to comply. We understand that disciplinary action will be used if there is a violation of the code of conduct.

THIS DOCUMENT SHALL BE BINDING UPON THE SAID CHILD, MYSELF/OURSELVES, HIS/HER/OUR HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS, AND PERSONAL REPRESENTATIVES OF EACH OF US AND THE SAID CHILD.

I/we have read this document and I/we understand it fully.

CHILD'S NAME_____

PARENT/GUARDIAN PARENT/GUARDIAN DATE:

_____ _____ _____

NAME / RELATIONSHIP NAME / RELATIONSHIP

Release form for Adults (Competitors 18 years old and older)

NOTE: This is a legal document which must be properly completed and signed for your entry to be accepted. The content of this document affects your rights as a Judo Ontario member. If you do not understand it, we recommend you obtain legal advice before signing.

RELEASE, INDEMNITY, WARRANTY, AND ASSUMPTION OF RISK

In consideration of the acceptance of my entry to compete in and/or my being permitted to participate in _____ (hereinafter referred to as "this tournament"), I hereby release, remise and forever discharge, and agree to indemnify and save harmless The Ontario Judo Black Belt Association**,** the organizers of this tournament, their respective officers, executives, directors, officials, agents, servants and representatives (hereinafter referred to as "the Releases") from and against all claims, actions, costs, expenses and demands in respect of death, injury, loss or damage to my person or property, howsoever caused, arising out to or in connection with my competing or participating in this tournament and notwithstanding that the same may have been caused by, contributed to or occasioned by the negligence, breach of contract, breach of a common duty of care as an occupier of premises, or otherwise, of or by the Releases or any of them.

I agree to assume all risks, both known and unknown, and all consequences thereof, arising out of or in connection with my competing or participating in this tournament. I agree to adhere to all rules, regulations and conditions of this tournament.

I CERTIFY THAT:

1. I am in good physical condition and I have no injury within the last 60 days (e.g. concussion sprain), disease or disability nor have I injected or ingested anything that would impair my performance or physical condition or increase the likelihood of injury in competing or participating in this tournament.

2. No physician, nurse, therapist, trainer, coach, manager or other person has advised me not to compete or participate in a body contact sport or in this tournament.

3. I am familiar with the sport of judo and the nature of a judo contest. I am aware that there is a high risk of injury by the very nature of the sport.

4. This Release Form authorizes the Tournament Director, after consultation with me, to permit a change in either age or weight categories or both as permitted by Judo Ontario's Tournament Standards Policy.

5. I am aware of the code of conduct governing this sport and agree to comply. I understand that disciplinary action will be used if there is a violation of the code of conduct.

THIS DOCUMENT SHALL BE BINDING UPON ME, MY HEIRS, EXECUTORS, ADMINISTRATORS, ASSIGNS AND PERSONAL REPRESENTATIVES.

I have read this document and I understand it fully.

DATE: ……..……. SIGNED: ……..

CHIEF TOURNAMENT OFFICIAL PRE-TOURNAMENT INSPECTION REPORT

Chief Tournament Official for the day: _____ (print legibly)
Tournament: _____
Location: _____Number of Competitors: _____
Date: _____

			Inspected
1.	Number of fighting surfaces conforms with sanctioning document:		
2.	Fighting surfaces	No open cracks between mats (tatami only)	
3.	Safety area	a. 0.5 m open space beyond the mats all around	
		b. Outside safety area (min. 3m)	
		c. Between fighting surfaces (for 7m x.7m, a 4m separation) (for 8m x 8m, a 4m separation)	
4.	Mat tables	Minimum clear separation from the mat for safety of 0.5m	
	Medical staff	1 chief medical officer plus 1 medical person per mat surface	
		Forms available to record type & number of injuries	
		Medical equipment & supplies necessary for treatment of injuries	
5.	Change rooms	Clean and separate from public washrooms	
6.	Weigh-in area	Clean, separate from public washrooms, with a measure of privacy for athletes who may want to strip down.	
7.	Wash rooms	For spectators--separate from the athletes' change rooms	
8.	Officials' room		
9.	Spectator area	Clear separation of a minimum 1m from mats	
10.	Warm-up area	Available to athletes	
		Safety zone of 0.5m exists on all sides.	

Signed by: _____
Date: _____
Time: _____

This document will be returned to the Judo Ontario offices within 2 weeks of the tournament taking place.

CHIEF OFFICIAL TOURNAMENT RECORD OF EVENTS

TEMPORARILY HALTING THE TOURNAMENT

Chief Official for the day: _____ (print legibly)
Tournament: _____
Location: _____
Date: _____

All issues that stop the running of the tournament will be recorded below:

	Issue (Be detailed and specific)	Resolved by	Time
1.			

Signed: _____
Date: _____
This document will be returned to the Judo Ontario offices within 2 weeks of the tournament taking place

CHIEF TOURNAMENT OFFICIAL'S FINAL REPORT

NAME OF TOURNAMENT:		CHIEF OFFICIAL APPOINTED BY JUDO ONTARIO	
DATE OF TOURNAMENT:		CHIEF TOURNAMENT REFEREE CHIEF KATA JUDGE APPOINTED BY JUDO ONTARIO	
LOCATION:		TOURNAMENT DIRECTOR	
		DATE OF SUBMISSION	

	U10	U12	U14	U16	U18	U21	Seniors	Masters
NUMBER OF MALE ATHLETES ATTENDING:								
NUMBER OF FEMALE ATHLETES ATTENDING:								
NUMBER OF VOLUNTEERS:								
NUMBER OF REFEREES:								

MEDICAL STAFF	CHIEF MEDICAL OFFICER:				
	QUALIFICATIONS:				
	CERTIFICATION NUMBER:				
	SUPPORT MEDICAL STAFF				
	QUALIFICATIONS:				
	CERTIFICATION NUMBER:				

MEDIA IN ATTENDANCE:

REPORTER	ORGANIZATION

ATTACHMENTS:

	YES	NO	IF 'NO,' then,
MEDICAL SUMMARY REPORT			
INDIVIDUAL INJURY FORMS			
REFEREE'S NAME, BLACK BOOK			

NUMBER, & QUALIFICATIONS LIST			
CHIEF REFEREE'S REPORT			
PRE-TOURNAMENT SAFETY REPORT			
EVENTS TEMPORARILY HALTING THE TOURNAMENT REPORT			
DRAWSHEETS			

SIGNED: _____

.

MEDICAL SUMMARY SHEET PAGE ____ OF ____ PAGES

TOURNAMENT	
DATE	
LOCATION	

This sheet is to be completed by the chief medical person at a tournament and at the completion of the tournament given to the Chief Official.

NAME & JUDO CANADA #	CLUB	INJURY	TREATMENT	RECOMMENDED FOLLOW-UP	MAT #	TIME OF TREATMENT	ENTERED IN BLACK BOOK	
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N
							Y	N

SIGNATURE OF MEDICAL OFFICER

_____

INDIVIDUAL INJURY FORM
(reason for the visit)

Event:_____

Date: _____

COMPETITOR'S NAME: _____

COMPETITOR'S BLACKBOOK NUMBER: _____

COMPETITOR'S CLUB: _____

Sex 01F 02M

Weight division: _____

Anatomical Localization	
03	Skull
04	Face
05	Eye
06	Ear
07	Nose
08	Mouth
09	Neck
10	Throat
11	Clavicle/AC
12	Shoulder
13	Elbow joint
14	Forearm
15	Wrist
16	Hand and finger
17	Thorax
18	Back
19	Abdomen
20	Pelvis
21	Genitals
22	Inguinal
23	Femur
24	Knee
25	Leg
26	Ankle
27	Foot
28	Other:_____
29	None

Type of Injury	
03	Fracture
04	Distension
05	Luxatio
06	Contusio
07	Commotio
08	Bleeding/ excoriation or wound
10	Contact lens
11	Bandage
12	Strangulation
13	Other: _____
14	None

Continues to fight	
01	Yes
02	No

Examination	
01	On tatami
02	Out of tatami

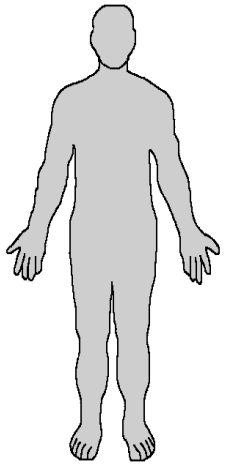
Evacuation to hospital	
01	Yes
02	No

Injured Athlete	
01	Tori
02	Uke

Tissue Involved	
03	Skin/subcutaneous
04	Bone
05	Cartilage
06	Ligament
07	Nerve/brain
08	Muscle
09	Nail
10	Cornea
11	Tympanum
12	Joint
13	Other: _____
14	None

Side	
03	Left
04	Right
05	midline

Visit No.	
01	First
02	Second
03	Third



Date: _____ Signature: _____