



**ENTRY FORM**

**67th Annual Obukan Judo Shiai and Kata / Onchi Sensei Memorial Tournament  
March 24-25, 2023, Sanctioned by the USJF (#23-03-07)**

Contestant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Weight: \_\_\_\_\_ Rank: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_

USJF or USJA Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**In consideration of your accepting this entry, I, intending to be legally bound hereby for myself, my heirs, executors and administrators, waive the release any and all rights or damages that I may have against the Obukan Judo Dojo Inc. and the member clubs, officials and members of the Northwest Yudanshakai, or United States Judo Federation for any and all injuries suffered by me at said event.**

\_\_\_\_\_  
 Signature of Contestant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent or Guardian (if under 18 years of age) \_\_\_\_\_ Date \_\_\_\_\_

If assistance/accommodation is needed (check off appropriate box):  
 Vision loss / Blindness       Hearing Loss / Deafness  
 Type of assistance /accommodation requested or name of person assisting:  
 \_\_\_\_\_

**CERTIFICATE REGARDING NON-BLACK BELT CONTESTANT**

I, \_\_\_\_\_, a judo instructor who holds the judo rank of \_\_\_\_\_ (must be Shodan or higher) under the auspices of a nationally recognized organization, who is currently registered with a national Judo Organization, hereby certify that, (See names below), are non-black belt competitors and are competent to participate in the 67th Annual Obukan Judo Shiai and Kata / Onchi Sensei Memorial Tournament

\_\_\_\_\_  
 Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Organization \_\_\_\_\_ Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_