

**Welcome Mat Open
April 17-18, 2010
Fond du Lac, WI
Important Information**



Fellow Judoka,

Thanks once again for supporting our tournaments.

Just like Santa's Shiai, we will be holding the Welcome Mat Open at Riverside Gym with two competition areas of tatamis.

We would like to encourage everyone to register online.

Online Shiai Registration will be available by March 15th. It is fast, easy and saves money. Here's the good part, you don't have to pay until the day of the tournament and you still receive the **pre-registration discount**. Just like Santa's, the biggest discount goes to those who register at least 1 week early.

Help us by registering online at <http://www.judofdl.com/open2010>.

We will also be having a **kata clinic** on Sunday, April 18th. Sensei Eiko Shepherd will be conducting this half day clinic and the katas covered will be determined by the registrations. Please support kata by attending.

The mailing for this tournament is the last one where we mail all the materials about the tournament to clubs. Because of the success of the online information and our desire to cut expenses, we will be mailing postcards to clubs about future tournaments and events. If this doesn't work for your club, please let us know and we will send a packet to you.

Mark your calendars! On September 10-12, we will be hosting a kata weekend with Sensei Shepherd which will include judging certification. Information can be found at <http://www.judofdl.com/clinic201009>.

Looking forward to seeing you on the mat.

Your Friends at the Welcome Mat

FOND DU LAC, WISCONSIN

Lake Winnebago

Hwy 151

Scott Street

SUPER 8
920-922-1088

Welcome Mat Dojo

Arndt St

ECONOLODGE
920-923-2020

Follett St

Johnson Street Hwy 23

Forest Mall

DAYS INN
1-800-325-2525
920-923-6790

RAMADA INN
800-272-6232
920-923-3000

Division Street

Forest Avenue

Main Street

2nd Street

Western Avenue

4th Street

Cty. T

9th Street

(Enter on 9th)

Riverside Gym
Welcome Mat Open

MICROTEL
1-888-771-7171
920-929-4000

HOLIDAY INN
HOLIDROME
1-800-HOLIDAY
920-923-1440

COMFORT INN
920-921-4000

Hwy 175

Hwy 41

Hwy 151 Bypass



When making reservations, please consider:

Holiday Inn

Holiday Inn Holidome
625 West Rolling Meadows Dr.
920-923-1440



WELCOME MAT OPEN 2010 JUDO TOURNAMENT AND CLINIC

April 17-18, 2010

USA Judo/WJI Sanction WJI-10-002

Fond du Lac, Wisconsin

LOCATIONS	<p>Competition – Saturday – Riverside Gym – 382 Linden Street – Fond du Lac, Wisconsin Kata Clinic – Sunday – Welcome Mat Dojo – 31 E. Follett – Fond du Lac, Wisconsin</p>
SCHEDULE OF EVENTS	<p><u>SATURDAY – COMPETITION</u> 8:00a – 9:30a Junior Registration and Weigh-Ins 8:00a – 10:00a Senior/Master Registration and Weigh-Ins ABSOLUTELY NO JUNIOR WEIGH-INS ACCEPTED AFTER 9:30 10:00a – 11:00a Referee Meeting coaches, players, parents welcome 10:00a Kata Competition, Kata Demonstration and Explanation to Follow. 11:00a Opening Ceremony, Junior Competition begins. Seniors and Masters will follow.</p> <p><u>SUNDAY – KATA CLINIC</u> 8:30a – 9:00a Registration 9:00a – 12:00p Kata Clinic conducted by Eiko Shepherd</p>
ENTRY FEES <i>Register early And save!</i>	<p>HELP US BY REGISTERING ON LINE AT: http://www.judofdl.com/open2010 <u>KATA CLINIC</u> \$25 per person, \$15 if registered for any competition. Please pre-register. Pay at door. <u>KATA COMPETITION</u> \$30 for each kata a team is registered for. Register at the door. <u>SHIAI</u> \$30 BY MAIL. Payment must accompany entry form and be postmarked by April 11, 2010. Mail to: Welcome Mat Open, c/o Michael Blakeslee / 94 Bryn Mawr Circle / Fond du Lac, WI 54935. Checks payable to: Welcome Mat \$30 REGISTER ON LINE by 11:59PM April 11, 2010. Pay at the door. \$40 REGISTER ON LINE by 8 PM April 16, 2010. Pay at the door. \$50 REGISTER AT THE TOURNAMENT SITE \$10 FOR EACH ADDITIONAL DIVISION PER COMPETITOR Proof of valid national membership must be presented by all participants – NO EXCEPTIONS USA Judo, USJF, USJA memberships available ONLINE or at tournament.</p>
COMPETITION	<p>2 regulation judo mats. Round robin for divisions of 5 or fewer competitors. True Double Elimination pools for division of 6 or more. Match length: 3 minutes for Juniors and Masters. 5 minutes for Senior divisions. Mixed Gender Pools allowed only for ages 10 and under. Chokes allowed for ages 13 and up. Armlocks allowed in all Senior and Master divisions. Golden Score will apply. Medals will be awarded for 1st, 2nd and 3rd places at the completion of divisions.</p>
CONTACTS	<p>Tournament Director: Mark Frankel mfran5@charter.net (920)251-0737 Head Referee: David Malek Registration and Pools: Michael Blakeslee mcbreply@mcb-us.com (920)960-7344 Medical Services: Barb Theisen, EMT</p> <p>Concessions and Judo Merchandise will be available at the tournament site.</p>

Tournament information available www.judofdl.com

THIS IS AN OPEN TOURNAMENT – DIVISIONS WILL NOT BE BASED ON BELT RANK

JUNIOR SHIAI DIVISIONS

Each age division will be divided into weight groupings as determined by entries. Our goal is to keep Junior divisions within 10% of the lowest weight. Because of USA Judo insurance requirements, mixed gender pools will only be allowed for ages 10 and under. With permission of parents and coach, 10 and under Girls may request to play in a Boys pool, but not vice-versa.

Age Divisions

Girls	8 and under		9 - 10	11 - 12	13 - 14	15 - 16
Boys	6 and under	7 - 8	9 - 10	11 - 12	13 - 14	15 - 16

SENIOR SHIAI DIVISIONS

Women: Weight divisions will be determined by entries.

Men: Weight divisions as listed below (in pounds).

132	145	161	178	198	220	+ 220
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MASTER SHIAI DIVISIONS

Ages 30 and over: Divisions: 30 – 44 / 45 and over, if sufficient entries. Weight divisions will be determined by entries.

Tournament Director reserves the right to adjust any division to ensure fair and safe competition.

KATA DIVISIONS

There will be 3 divisions in each of the 4 katas listed below. Participants may choose to do an entire kata or a portion of it based on their level of expertise. The Welcome Mat would like to encourage more judoka to participate through this facet of competition. Judo Kata is recognized as a part of Pan American Judo competition.

	Novice	Intermediate	Advanced
NAGE NO KATA	First 3 techniques, Te Waza	First 9 techniques, Te Waza, Koshi Waza, Ashi Waza	Entire Kata
KATAME NO KATA	Osaekomi Waza	Osaikomi Waza and Shime Waza	Entire Kata
JU NO KATA	First 5 techniques, Tsuki Dashi through Ago Oshi	First 10 techniques, Tsuki Dashi through Katate Age	Entire Kata
GOSHIN JITSU	First 7 techniques, Ryote Dori through Kahae Dori	First 15 techniques, Ryote Dori through Nanamezuki	Entire Kata

ACCOMODATIONS

Please ask for the Judo Rate at the Holiday Inn and Holidome
 Call 1-800-HOLIDAY or 920-923-1440. www.wiscohoteles.com
 Intersection of Hwy 151 and Hwy 41
 Reservations must be made by March 31st, 2010
 Breakfast included / pool / hot tub / restaurant / bar / spacious rooms



More Lodging and Restaurant information available at www.fdl.com or 1-800-937-9123

WELCOME MAT OPEN 2010 KATA CLINIC INFORMATION SHEET

The Clinician

In the beginning of Judo, Dr. Kano's students only practiced techniques that are now known as kata. **Sensei Eiko Shepherd** reinforces that Kata is an important part of Judo with benefits to both fitness and competitive shiai.

Sensei Shepherd brings to Kata the view of a shiai champion. As a 7th Dan born into a judo family, Sensei Shepherd continues to study several times a year with the Kodokan in Tokyo and Fukuda Sensei, age 96, in San Francisco. Fukuda Sensei is the last living direct student of Dr. Jigoro Kano (founder of Judo) and the grandfather of Fukuda Sensei taught Dr. Kano Jujitsu, which formed the basis for Judo. Fukuda Sensei still actively practices and teaches Kata at her Soko Joshi Judo Club in San Francisco proving that Kata is for all ages.

Sensei Shepherd is Chief Instructor of the Kitokan Judo Club in St. Louis, MO as well as the Chairperson USJF Kata Development and Certification Committee, a USJI Class A Judge, World Master Kata Chairperson and member of Chicago Judo Black Belt Association (CJBBA).

We are grateful for Sensei Shepherd's continued dedication to Judo.

Kata Demonstration/Clinic (Saturday, April 17, 2010)

Sensei Shepherd will conduct a demonstration and explanation of Nage-no-kata immediately following the Kata competition. She will walk a team through the Kata with short explanations of each technique and its relevance. If time permits, judoka may try the techniques demonstrated.

Kata Clinic (Sunday, April 18, 2010)

Sensei Shepherd will conduct a clinic covering aspects of Nage-no-kata, Katame-no-kata and/or Ju-no-kata. This clinic will help attendees to gain a deeper understanding of judo techniques and how Kata can strengthen their randori and shiai. It will be tailored to the needs of the attendees and would be appropriate for both beginning and advanced Kata practitioners.

Date & Time	Location	Subject
Sunday, April 18 9:00pm – 12:00pm	St. Pat's Gym, 26 E. Arndt St. Fond du Lac	Nage-no-kata, Katame-no-kata and/or Ju-no-kata

Pricing: \$25.00 per person or \$15.00 for Registered Shiai Participants. Fees collected day of clinic.

Note: For planning purposes, we would appreciate everyone registering or notifying us of your intention to attend the Sunday clinic prior to April 11th. MAIL REGISTRATIONS TO: Welcome Mat Open c/o Michael Blakeslee / 94 Bryn Mawr Circle / Fond du Lac, WI 54935 If not pre-registered, but desire to attend, notify Michael Blakeslee via email mcbreply@mcb-us.com or phone at (920)960-7344. Since there is no pre-payment benefit, please pay at the clinic site.

**WELCOME MAT OPEN 2010 KATA CLINIC
REGISTRATION FORM AND WAIVER
APRIL 18, 2010**

For official use only. Do NOT write in this box! Paid: _____ Membership Ins. Verified: _____

First Name: _____

Last Name: _____

Judo Club: _____ Instructor: _____

Write the letter next to each kata that indicates your experience (B=Beginner,I=Intermediate,A=Advanced):

Nage _____ Katame _____ Ju _____ Goshin Jitsu _____ Kime _____ Koshiki _____ Itsutsu _____

Write a number next to each kata that indicates your order of preference for instruction (1-7):

Nage _____ Katame _____ Ju _____ Goshin Jitsu _____ Kime _____ Koshiki _____ Itsutsu _____

Phone: _____ Email address: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Birth Date: _____ Rank: _____ Nat. Org. Member ID: _____ Card expiration: _____
(USJI, USJF, USJA, etc)

Emergency Contact: _____

Phone: _____ Relationship: _____

WARNING!

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 of the United States Judo, Inc., United States Judo Federation, United States Judo Association, the Fond du Lac School District Recreation Department, Fond du Lac Parks Department, Wisconsin Judo Inc., Fond du Lac Learning Center, LLC and Welcome Mat Judo, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree 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 or supervisor of such condition(s) and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction or negligence of others, 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 rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers and, if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (please print name)

Participant's Signature

Date

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

This is to certify that I, as parent/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 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/Guardian (please print name)

Parent/Guardian Signature

Date

OFFICIAL WELCOME MAT OPEN 2010 ENTRY FORM

Register online and save Money! <http://www.judofdl.com/open2010>

For official use only. Do NOT write in this box!

Reg. ID# _____ Entry Fee Paid _____ Membership/Insurance Verified _____ Official Weight _____

Last Name: _____ First Name: _____ MI: _____

Sex: _____ Age: _____ Birth Date M/D/Y: _____ Rank: _____ Est. Playing Weight: _____

First or Only Division: (Check one below)

Junior (ages 5-16)

Senior (ages 17+)

Master (ages 30+)

For additional, optional competition, if when available, check one or more of the following (fee may be required):

Play up/down age bracket within division (Juniors 14 or younger/ Masters 45+ only) [ADDITIONAL FEE]

Play up in weight [ADDITIONAL FEE]

Junior or Master playing Senior Division [ADDITIONAL FEE]

If needed, I would play in additional NO FEE divisions that fit my weight and ability.

National Org: _____ ID# _____ Insurance Expiration Date: _____
(USA Judo, USJA, USJF, etc.)

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

CERTIFICATE REGARDING NON-BLACK BELT CONTESTANTS

The undersigned, _____, a Judo Instructor who holds the rank of Shodan or higher which is recognized by USA Judo, USJF, USJA, Judo Canada, or any provincial governing body, hereby certifies that the above Contestant, although not having been awarded the Judo Rank of Shodan or higher, is of sufficient aptitude and skill to compete in the above described event.

Signature of Instructor: _____ Date: _____

POWER OF ATTORNEY

If contestant is under the age of 18 years, this document must be completed by the contestant's parent or legal guardian if the parent or legal guardian is not attending the tournament.

I certify that I am the parent or legal guardian of _____ a minor.

I will not be in attendance at the tournament and do hereby designate _____, who is over 21 years of age, to be my true and lawful attorney, to act in my name, place, and stead, to do any and every act and exercise any power that I might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest I the person acting for me full power and authority to do and perform all and every act and thing.

Signature of Parent/Legal Guardian _____ Date: _____

Please sign the WARNING WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE on back.

Welcome Mat Open 2010 Judo Tournament

April 17, 2010

WARNING!

WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

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 of the United States Judo, Inc., United States Judo Federation, United States Judo Association, the Fond du Lac School District Recreation Department, Fond du Lac Parks Department, Wisconsin Judo Inc. and Welcome Mat Judo, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree 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 or supervisor of such condition(s) and refuse to participate.
3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction or negligence of others, 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 rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers and, if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (please print name)	Participant's Signature	Date
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FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/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 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/Guardian (please print name)	Parent/Guardian Signature	Date
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KATA ENTRY FORM WELCOME MAT OPEN 2010
PLEASE FILL OUT A SEPARATE ENTRY FORM FOR EACH KATA PERFORMED.

For official use only. Do NOT write in this box!			
Reg. ID# _____	Entry Fee Paid _____	Membership/Insurance Verified: Tori _____	Uke _____

Check One:

NAGE NO KATA <input type="checkbox"/> Entry Level <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	KATAME NO KATA <input type="checkbox"/> Entry Level <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	JU NO KATA <input type="checkbox"/> Entry Level <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	GOSHIN JITSU <input type="checkbox"/> Entry Level <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced
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TORI:

Last Name: _____ First Name: _____ MI: _____

Sex: _____ Age: _____ Birth Date M/D/Y: _____ Rank: _____

National Org: _____ ID# _____ Insurance Expiration Date: _____
(USA Judo, USJA, USJF, etc.)

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

UKE:

Last Name: _____ First Name: _____ MI: _____

Sex: _____ Age: _____ Birth Date M/D/Y: _____ Rank: _____

National Org: _____ ID# _____ Insurance Expiration Date: _____
(USA Judo, USJA, USJF, etc.)

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Email Address: _____

Please sign the **WARNING WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE** on back.

Welcome Mat Open 2010 Judo Tournament

April 17, 2010

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3. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, including permanent disability or death, and severe social and economic losses due to not only my own actions, inactions or negligence, but also to the action, inaction or negligence of others, 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 rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors and coaches, sponsoring agencies, sponsors, advertisers and, if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Tori (please print name)	Tori's Signature	Date
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Uke (please print name)	Uke's Signature	Date
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FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/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 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.

Tori's Parent/Guardian (please print name)	Parent/Guardian Signature	Date
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Uke's Parent/Guardian (please print name)	Parent/Guardian Signature	Date
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