



# 4<sup>th</sup> Hampshire Open Special Needs Judo Championships



Sunday 8<sup>th</sup> October 2017

FLEMING PARK LEISURE CENTRE, PASSFIELD AVENUE, EASTLEIGH SO50 9NL

**Details:** This is a Level 2 Open event and is suitable for all abilities. Divisioning will take place on the day. We welcome players from the United Kingdom and also International competitors.

**Eligibility:** Players must be a minimum of 8 years of age, there is no upper age limit. All players must have a valid Judo licence from their respective licencing organisation.

**Registration:** 8:30 – 9:30

**Divisioning:** 10:00

**Entry Fee (per person):** £15

\*Entry will only be accepted, when payment is received with completed Entry Form, Consent Form, and Emergency Contact Form.

All entries will be confirmed via email.

**CLOSING DATE FOR ENTRIES MONDAY 2<sup>nd</sup> OCTOBER 2017**

**Send Cheque Payable to:** BJA Hampshire County

Return fully completed “**Entry Form**”, “**Consent Form**”, “**Emergency Contact Information**” pages along with cheque made out to “BJA Hampshire County” to:

**Andy Scott – Tournament Director**

**Hampshire Judo**

**C/O 74 Hawkins Road Newquay Cornwall Postcode TR7 2EB**

**E-Mail: [andy@cornwall-judo.fsnet.co.uk](mailto:andy@cornwall-judo.fsnet.co.uk) if you have any questions.**

**IMPORTANT: On the Day of the competition, you MUST bring your Judo Licence with you and it must be valid. No Licence means No Judo.**



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## ENTRY FORM

Please complete this form fully in **BLOCK CAPITALS**.

<b>Full name</b>					
<b>Full Address</b>					
<b>Contact Telephone Number:</b>					
<b>Email Address:</b>					
<b>Date of Birth:</b>		<b>Age on 8<sup>th</sup> October 2017:</b>			
<b>Representing Judo Club/s:</b>					
<b>Representing Country:</b>					
<b>Judo Licence Number and association:</b>					
<b>Weight (Kg)</b>		<b>Grade</b>		<b>Date Last Graded</b>	
<b>Starting Position (Standing or Ground?)</b>				<b>Contest Level</b> (See Contest Level Help Sheet)	
<b>Previous Competition Experience – Select one of the options below and tick the box</b>					
This is my first competition					
I have won medals Gold or Silver medals at previous competitions					
I have won Bronze Medals at previous competition					
I have fought in Competitions before, but have never won a medal					
<b>Nature of Disability (please use another sheet of paper if necessary)</b>					



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## CONTEST LEVEL HELP SHEET

### **LEVEL 1 (Good Level Player)**

This Judoka can train and compete with mainstream players. This Judoka has a good understanding of the meaning and goal of the competition.

(CRITERIA: This Judoka is very capable of taking part in competition)

### **LEVEL 2 (Medium - Good Level Player)**

This Judoka can train and take part in Randori with mainstream players. This judoka mostly understands the meaning and goal of the competition.

(CRITERIA: This Judoka is capable in taking part in competition)

### **LEVEL 3 (Medium Level Player)**

This Judoka can train with mainstream players, but only competes in special competitions with competitors of the same level.

(CRITERIA: This Judoka understands the rules, meaning, and goal of the competition.)

### **LEVEL 4 (Medium – Weak Level Player)**

This Judoka may only be capable of taking part in special training and competitions. This Judoka needs guiding during the competition, but generally understands the rules and goal of a competition.

(CRITERIA: This Judoka needs guiding during the competition, but understands the rules and goals of a competition.)

### **LEVEL 5 (Weak Level Player)**

This Judoka may only be capable of taking part in special training and competitions, with specialist care. This Judoka needs a lot of guidance during the competition. The competition might need to be adjusted to the competitors. Due to safety considerations, this Judoka may be restricted to compete only on the ground (Newaza).

CRITERIA: This Judoka needs a lot of guidance during the competition. The competition may need to be adjusted to suit the Judokas Capabilities.



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## CONSENT FORM

CLUB COACHES/OFFICIALS SHOULD NOT SIGN THIS FORM

<b>Competitors Name</b>	
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I am above mentioned Competitors parent/guardian, and I hereby confirm that he/she has my authorisation to participate in the 3<sup>rd</sup> Hampshire Open Special Needs Judo Championships being held on Sunday 8<sup>th</sup> October 2017.

I further confirm and warrant that to the best of my knowledge and belief that the competitor is able to participate in this event. In permitting the competitor to participate, I am specifically granting my permission to both the British Judo Association and the Hampshire Judo Association to use the competitors likeness, name, voice and words in television, radio, film, newspaper, magazines and other media and in any form for the purpose of advertising of communicating the purposes and activities of Inclusion Judo in the British Judo Association, and Special Needs Judo in the Hampshire Judo Association and/or for applying for funds to support these purposes.

If a medical emergency should arise during the competitor's participation in this event, at a time when I am not personally present so as to be consulted regarding the competitors care, I hereby authorise the competition organiser on my behalf, to take whatever measures are necessary to ensure that the competitor is provided with any emergency medical treatment, including hospitalisation, which the competition organiser or First Aid representatives deems advisable in order to protect the competitors health and well-being.

I, the undersigned, am the parent/guardian for the above specified competitor and I hereby give permission for them to participate at this event, which may involve video and still photography.

**Parent/Guardian Name and Signature**

**Date**

N.B: If a competitor is an adult and legally responsible for him/herself, he/she can sign this form. I the undersigned am of legal age and agree to the above conditions for participation in this event

**Signature of Competitor**

**Date**



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## EMERGENCY CONTACT DETAILS

Please provide details of two people that should be contacted in case of an Emergency.

<b>Competitors Name</b>	
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Emergency Contact 1	
<b>Name</b>	
<b>Contact telephone number 1</b>	
<b>Contact telephone number 2</b>	
<b>Relationship to competitor</b>	

Emergency Contact 2	
<b>Name</b>	
<b>Contact telephone number 1</b>	
<b>Contact telephone number 2</b>	
<b>Relationship to competitor</b>	

The Information provided in this Emergency contact form will be destroyed after the  
Competition.