



TECHNICAL PACKAGE
RENDEZ VOUS CANADA
MONTREAL 2009
MONTRÉAL (QC), Canada
October 17 - 18, 2009



ORGANIZING COMMITTEE
PERMANENT OFFICE

Judo Canada
Rendez Vous Canada 2009
212 – 1725 St. Laurent Boulevard
Ottawa, ON, K1G 3V4, Canada

Tel: (613)738-1200
Fax: (613)738-1299
e-mail: info@judocanada.org
www.judocanada.org

ACCOMMODATION & HEADQUARTERS HOTEL

Auberge Royal Versailles
7200 Rue Sherbrooke Est
Montréal, Québec, Canada
H1N 1E7
Tel: (514) 256-1613 Fax: (514) 256-5150

Accommodation arrangements are the responsibility of each team/individual entering the event.

Contact : Tony Santaniello

Price: 99 \$ plus taxes

COMPETITION SITE

Centre Pierre Charbonneau
3000, boul. Viau
Montréal, Québec H1V 3J3 Tel: (514) 872-6644
(Viau Metro/Subway) Fax: (514) 872-7671

WEIGHT DIVISIONS

Note: age refers to the age as of December 31, 2009.

SENIOR MEN	SENIOR WOMEN
Minimum Age 16 years	Minimum Age 16 years
Minimum Rank Ikkyu (brown)	Minimum Rank Ikkyu (brown)
Time Duration 5 minutes	Time Duration 5 minutes
up to 55 kg; 60 kg; 66 kg; 73 kg; 81 kg; 90 kg; 100 kg; + 100 kg	up to 44 kg; 48 kg; 52 kg; 57 kg; 63 kg; 70 kg; 78 kg; +78 kg

BLUE JUDO GI

Blue judogi will be mandatory for all competitors when called first on the mat.

ELIGIBILITY

Athletes must compete for the country of which they are a citizen. Passports are mandatory for all competitors and must be presented at the Weigh-in. Number of entries is limited to 300.

Judo Canada can not provide any assistance in obtaining an entry visa to Canada.

REGISTRATION

First entry: Quantitative entry deadline by August 14, 2009.

Final entry deadline: On official entry forms, no later than 16:00 September 18, 2009 along with the following:

- registration forms
- completed & signed release forms
- Fees: \$ 100.00 CAN

BANK INFORMATION

Your payment must be transferred to our bank account addressed to Judo Canada:

Royal Bank of Canada
90 Sparks Street
Ottawa, Ontario
K1P 5T6

Transit # 00006
Account # 108 621 4

Domestic or international transfers (except from the United States of America) use:
Swift Code ROYCCAT2

Transfers from the United States of America use:
Swift Code ROYCCAT2 US Correspondent Bank:
ABA # 021000021 Chase Manhattan Bank
New York, N.Y

All this information must be provided with your transfer document.

TRANSPORTATION

TO AND FROM AIRPORT:

No transportation is provided by the Organizing Committee. There is a shuttle service between the airport and the tournament hotel.

CITY TRANSPORTATION

The tournament site is located 7 km (4.5 miles) away from the tournament hotel. A shuttle will be made available to participants at no cost.

All other transportation will be the responsibility of the participants.

PRACTICE HALL

Teams should notify the Organizing Committee of their arrival schedule into Montréal as well as their preferred practice times. Please indicate four choices in priority. The organizing committee will do its best to allocate practice times as requested.

HOSPITALITY ROOM

Each evening, after competition, a hospitality room will be available for team officials and dignitaries. Details of schedule will be provided upon arrival.

INTERNATIONAL TRAINING CAMP

An international training camp will be held in Montreal following the competition from October 19-21. The camp details, schedules and registration forms are available in the camp's Technical package. See the Judo Canada website (www.judocanada.org).

CONDUCT OF DRAW & MEETING

The Judo Canada Sport Director and the Tournament Director will conduct the draw meeting.

1. Welcome by Tournament Director
2. Review of Athlete Registration
 - Circulation of the list of entries for each weight class
 - Verification by team leaders of spelling of names, weight class, grade, etc
 - the Result Co-ordinator / Sport Director will record changes
3. The names of all athletes who will not take part in the tournament and all substitutions, authorized by the rules and regulations, will then be announced.
4. A short explanation of the draw formats to be used. **The double repechage system will be the system used for this tournament.**
5. Announcements of seeding.
6. Non-seeded athletes are drawn at random by a randomized computer program.
7. The draw is recorded and posted as soon as possible.
8. An athlete that fails to make weight the next morning is eliminated. For weight categories of 8 or more competitors their opponent will receive automatic advancement. For weight classes of less than 8 competitors, Judo Canada reserves the right to redraw the pools if the pools become unbalanced.
9. To ensure an even distribution of Canadian athletes, **only Canadian athletes will be seeded.** Judo Canada Sport Director will do the seeding.

COMPETITION SCHEDULE

Time	Friday, October 16	Saturday, October 17	Sunday, October 18
6h00		▪Unofficial Weigh-in*	▪Unofficial Weigh-in*
7h00		▪Official weigh-in at Hotel* ▪Breakfast	▪Official weigh-in at Hotel* ▪Breakfast
8h00	▪Unofficial Scales Open*		
9h00		▪Referees Meeting	
10h00		Preliminary & Repechage	Preliminary & Repechage &
		Men Women	Men Women
		55 kg 44 kg	60 kg 48 kg
		81 kg 52 kg	66 kg 63 kg
		90 kg 57 kg	73 kg 70 kg
		100 kg 78 kg	
		+100 kg +78 kg	
14h00	▪Accreditation & Registration	▪Break	Finals & Awards Doping Control of randomly selected medallists may be required
15h00			
16h00		Opening Ceremony	
16h30		Finals & Awards*	
18h00		▪Doping Control of randomly selected medallists may be required	
19h00	▪Coaches meeting		
20h00	▪Hospitality Room	▪Hospitality Room	

* This schedule is tentative. Participants will receive the final schedule upon arrival. The length of the preliminaries may force a time change of the finals and awards.

RENDEZ-VOUS CANADA 2009

QUANTITATIVE ENTRIES/INSCRIPTION QUANTITATIVE

FEDERATION / FÉDÉRATION _____

Participant	YES/OUI	NO/NON	NUMBER/NOMBRE
Women/femmes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Men/Homes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dignitary/Dignitaire	<input type="checkbox"/>	<input type="checkbox"/>	_____
Coaches/Entraîneurs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Referees / Arbitres	<input type="checkbox"/>	<input type="checkbox"/>	_____

Date

Signature

PLEASE RETURN BEFORE August 15, 2009
VEUILLEZ RETOURNER AVANT LE 15 août 2009
Fax number/Numéro de télécopieur : 1-613-738-1299
E-mail: info@judocanada.org

RENDEZ-VOUS CANADA 2009

INFORMATION

FEDERATION / FÉDÉRATION _____

ARRIVAL/ARRIVÉE

Date of arrival / Date d'arrivée _____ / _____ / _____
dd/jj mm yyyy/aaaa

Time of arrival / Heure d'arrivée _____ : _____
HH MM

Number of people/Nombre des personnes: _____

Mean of transportation/Moyen de transport

- Bus/Autobus Station/Gare _____
 Train Station/Gare _____
 Plane/Avion Airport/Aéroport _____ Flight/Vol _____
Airline/Compagnie _____

DEPARTURE/DÉPART

Date of departure / Date de départ _____ / _____ / _____
dd/jj mm yyyy/aaaa

Time of departure / Heure de départ _____ : _____
HH MM

Mean of transportation/Moyen de transport

- Bus/Autobus Station/Gare _____
 Train Station/Gare _____
 Plane/Avion Airport/Aéroport _____

Date

Signature

PLEASE RETURN BEFORE September 15, 2009
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**ENTRY SHEETS - COMPETITORS
FEUILLE D'INSCRIPTION - COMPÉTITEURS**

Event/Evenement: Rendez Vous Canada 2009

Date: Oct. 17 - 18, 2009

Location/Lieu: Montréal (QC), Canada

17 au 18 oct. 2009

Country/Pays: _____

MEN/HOMMES

	Name/Nom	First Name/ Prénom	Date of Birth Date de Naiss.	Rank Grade	Weight Poids (kg)	Best performance Meilleure performance
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
13						
14						
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26						
27						
28						
29						
30						
31						
32						

Deadline/au plus tard : September 15, 2009 / 15 septembre 2009

Fax number/Numéro de télécopieur : 1-613-738 1299

E-mail: info@judocanada.org

**ENTRY SHEETS - COMPETITORS
FEUILLE D'INSCRIPTION - COMPÉTITEURS**

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Date: Oct. 17 - 18, 2009

Location/Lieu: Montréal (QC), Canada

17 au 18 oct. 2009

Country/Pays: _____

WOMEN/FEMMES

	Name/Nom	First Name/ Prénom	Date of Birth Date de Naiss.	Rank Grade	Weight Poids (kg)	Best performance Meilleure performance
1						
2						
3						
4						
5						
6						
7						
8						
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30						
31						
32						

Deadline/au plus tard : September 15, 2009 / 15 septembre 2009

Fax number/Numéro de télécopieur : 1-613-738 1299

E-mail: info@judocanada.org

ENTRY SHEET - TEAM OFFICIALS
FEUILLE D'INSCRIPTION - OFFICIELS D'ÉQUIPE

Event/Événement: Rendez Vous Canada 2009

Country/Pays: _____

	Name/Nom	First Name/Prénom	Function/Fonction	Grade (referee/arbitre)
1				
2				
3				
4				
5				
6				
7				
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22				
23				
24				
25				
26				

_____ Date

_____ Head of delegation/Responsable de délégation

Deadline/au plus tard : September 15, 2009 / 15 septembre 2009

Fax number/Numéro de télécopieur : 1-613-738-1299

E-mail: info@judocanada.org

NOTICE: This is a legal document which must be properly completed and signed or your entry will not be accepted. PLEASE READ CAREFULLY. It eliminates your right to sue under all circumstances. If you do not understand it, obtain legal advice before signing.

RELEASE, INDEMNITY, WARRANTY, AND ASSUMPTION OF RISK

In consideration of the acceptance of the entry to compete in and/or my being permitted to participate in the **Rendez Vous Canada 2009** (hereinafter referred to as "this event"), I hereby release, remise and forever discharge, and agree to indemnify and save harmless the Canadian Kodokan Black Belt Association (Judo Canada), the organizers of this event, 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 of or in connection with my competing or participating in this event 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 event. I agree to adhere to all rules, regulations and conditions of this event.

I certify that:

- 1) I am in good physical condition and I have no injury, 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 event.

- 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 event.
- 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) Parent(s) or legal guardian(s) of minor participants under 18 years of age additionally agree that they will instruct the minor participants to the above warnings and conditions and their ramifications, and that they consent to the minor's participation.

I further agree that Judo Canada has the right to use, in such form plus for such time period as Judo Canada may in its sole discretion choose, without payment of any fee or charge, photographs, images, likeness, video tapes or any other recordings or reproductions of me, to further the objectives of Judo Canada, including without limiting the generality of the foregoing

- a. the training, education , development of judoka, coaches, officials and
- b. for Judo Canada promotional purposes

This document shall be binding upon myself, my heirs, executors, administrators, assigns and personal representatives.

I have read this document, 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 upon my own free will.

Participant's Name (please print)

Witness signature

Participant Signature

Date

Witness signature

Parent/Guardian Signature
(if under 18)

Date

MEDICAL SUMMARY FORM
FORMULAIRE DU SOMMAIRE MÉDICAL

* Information to be used for medical screening and emergency.
 * L'information ne sera utilisée que pour dépistage ou en cas d'urgence médicale.

Personal Information
Renseignements personnels

Family name – Nom

Name – Prénom

Address – Adresse

City – Ville

Province

DJ / MM / YYAA

D.O.B. - Date de naissance

Male Homme

Gender – Sexe

Postal code - Code postal

() -

Phone # Téléphone

Female Femme

Age division
 Division d'âge

Weight category
 Catégorie de poids

Province of registration
 Province d'affiliation

Judo Canada

Emergency Contact
Personne à contacter en cas d'urgence

Emergency contact name - Nom et prénom

Relationship - Lien de parenté

() -

Home phone # - Téléphone à la maison

() -

Work phone # - Téléphone au travail

Significant injuries or treatments in the last 6 months
Blessures ou traitements importants dans les 6 derniers mois

Details

Détails

Medical Information
Renseignements médicaux

Medicare # Assurance maladie

Province

DJ / MM / YYAA

Expiry date d'expiration

Blood type - Type sanguin

N Y - O

Do you wear glasses/contacts?
 Portez-vous des lunettes/verres correcteurs?

Medication - Médication

Details

Allergies

Détails

Recent weight loss - Perte de poids récente

Kg

Recent concussion - Commotion récente

Date

DJ / MM / YYAA

Medical History
Problèmes médicaux

N Y - O

Head injury - Blessure à la tête

Seizure/Convulsion - Convulsion

Heart problems - Troubles cardiaques

High blood pressure - Haute tension

Blood problems/Brusing - Problèmes sanguins/Echymoses

Asthma - Asthme

Diabète

Menstrual problems - Problèmes menstruels

Abdominal problems - Problèmes abdominaux

Heat/Dehydration

Bouffées de chaleur/Déshydratation

Anaphylaxis - Anaphylaxie

Skin disorders/lésions

Problèmes cutanés/lésions

If yes - Si oui ...

Details

Détails

Athlete signature – Signature de l'athlète

Witness - Témoin

Parent signature (if under 18) – Signature d'un parent (si moins de 18 ans)

Date