

# BROWN BELT WAIVER 2025 U.S. Open Judo Championships

VETERANS BROWN BELT AND BELOW REQUEST FOR WAIVER

Name:				
Email Address:		Phone Number:		
Club Name:				
Coach's Name:				
Coach's Email address:				
Coach's Phone Number:				
Number of years practicing judo:		Current Belt Rank:		

#### List top 5 finishes in competition:

Name of Competition	Finish/Place	Year

### Please include your coach's signature

#### and attach a copy of his/her black belt certificate:

\_, a Judo Instructor, who has been

(Name of Instructor) awarded the Judo rank of Shodan or higher, recognized by United States Judo, Inc., hereby certify that, \_\_\_\_\_\_\_, although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to compete in the 2025 US Open Veterans Judo Championships. As the Coach, I understand that this is only valid with a copy of my black belt certificate attached.

\_\_Yes, I have attached my black belt certificate.

Signature of Judo Instructor

Date

All requests will be reviewed by the Tournament Director, Mr. Gerry Navarro & John Miller. All applicants will be contacted regarding their request within 7 business days after receiving.

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