



KONAN YUDANSHAKAI
2012 Spring Promotional Clinic
USJF Sanction #12-02-05

DATE: Saturday, February 18, 2012
TIME: Registration 12:30 PM -1:00 PM
Training and Review – 1:00 PM – 4:00 PM
Testing – 4:00 PM to 5:00 PM

COST: \$20.00 for the workshop
\$10.00 for the testing
\$10.00 optional USJF Kata Certification

LOCATION: Southside Dojo
8534 Portage Rd.
Portage MI 49002

CLINICIANS:

Mr. Don Flagg, Rokudan, Chair Konan Board of Examiners USJF A Kata Instructor and Judge. Assisting Mr. Flagg will be Mrs. Frances Glaze, Rokudan, Konan Promotional Chair, USJF A Kata Instructor and Judge. Also will be other members of the Konan Promotion Committee.

Candidates will be able to test for their Kata and Go Ko no Waza following the workshop. The results will still need to be reviewed by the Promotion Committee and accepted by the Board of Examiners at the regular meeting. We strongly suggest you prepare to test at the workshop. Those that want to be certified in a Kata must fill out application form plus a \$10.00 testing fee that goes to USJF. You must notify Mr. Flagg that you are planning to test for Kata certification prior to the beginning of the clinic. Only USJF members may be evaluated for promotion.

If you are planning to test or attend the Promotional Clinic, you must contact Mr. Flagg by e-mail kellyanddon@comcast.net or telephone him at 517-339-8841 **no later than January 29, 2011 so you can be put on list to get into the bldg.**

Candidates must submit a Konan Candidate Evaluation Form that is below to Mr. Flagg by **no later than January 29, 2011** at kellyanddon@comcast.net Candidates must obtain a form 20 go to <http://www.usjf.com/> then to downloadable forms to Promotional form. **You will than need to bring the form 20 to the promotional clinic or mail it to Mr. Don Flagg at 5579 Earlyglow Haslett, MI 48840-9766.** A Background Check must be submitted to National Office by January 29, 2011 for those who are going to be a candidate unless you have one deemed current. They are valid for four years. Go to <http://www.usjf.com/public/background.pdf> to find the Background Check form. The Registration Form and Waiver for the Clinic will be available at the Clinic.

ELIGIBILITY: All contestants must **present** a valid U.S.J.I., U.S.J.F. or U.S.J.A card at the workshop site. If you cannot produce a card, in order to participate, you will need to purchase a membership on site. Foreign contestants must have the proper ID from their home country.

Note: If you are planning or might be coming to clinic. You must contact Mr. Flagg no later than January 29, 2011.

Members from all three organizations can attend. Testing is for Konan/USJF members only



KONAN YUDANSHAKAI
2012 Spring Promotional Clinic
USJF Sanction #12-02-05

PARTICIPANT INFORMATION

Name: _____ **Age:** _____ **Phone:** _____
E-mail Address: _____
Mailing Address: _____
City: _____ **State:** _____ **Zip:** _____
USJI, USJF, or USJA Number: # _____ **OTHER** _____ # _____
Exp Date _____ **Club:** _____
Judo Rank: _____ **Org who gave rank** _____

If assistance/accommodation is needed (check off appropriate box)

Vision Loss/Blindness Hearing loss/Deafness Other _____

Type of assistance/accommodation requested or name of person assisting _____

What you want from the Workshop	Specifics	Testing*	
		Y	N
<i>Kata</i>			
<i>Go Kyu no Waza</i>			
<i>Kata Certification Testing</i>			

** Please mark Y for Yes or N for No if you want to be tested at the site.*

COST: \$20.00 Workshop Fee
 \$10.00 Evaluation Fee
 \$10.00 Kata Certification

TOTAL FEE: \$

HOW PAID: Check # _____ Cash

You need to have your current updated USJF, USJI, or USJA card with you for participation in the workshop
The Warning! Waiver and Release of Liability and Agreement to participate must be completed.

Konan Candidate Evaluation Form

Name: _____
 Address: _____ City: _____
 State: _____ Club: _____
 Club: _____ E-Mail address: _____
 Current USJF Member Number: _____

Rank	Date	USJF Rank Number
8 Dan		
7 Dan		
6 Dan		
5 Dan		
4 Dan		
3 Dan		
2 Dan		
1 Dan		

Candidates have two choices for receiving reduction for time in grade when going for promotion: (1) competitor points or (2) by contributions but not both.

COMPETITOR POINTS

OR
OR

CONTRIBUTIONS

_____ % OFF

HELD CERTIFICATION & LEVELS

Technical Staff: _____

Teachers: _____

Coaching: _____

Referee: _____

Self Defense: _____

Nage no KATA: _____

Katame no Kata: _____

Ju no Kata: _____

Goshin Justsu: _____

Kime no Kata: _____

Itsutsu no Kata: _____

Koshiki no Kata: _____



UNITED STATES JUDO FEDERATION KATA INSTRUCTOR CERTIFICATION APPLICATION FORM

Last	First	Middle	
NAME(print): _____			RANK: _____
ADDRESS: _____			DATE OF BIRTH: _____
street	city	state	zip
TELEPHONE NO: (home): _____		(Work) _____	USJF NO.: _____
E – Mail Address: _____			
EDUCATION: (grades completed or degrees) _____		OCCUPATION: _____	
NAME OF YOUR DOJO: Michigan State University		YEARS IN JUDO TRAINING: _____	
ADDRESS OF YOUR JUDO DOJO: _____			
NAME OF ASST. INSTRUCTORS: _____			RANK: _____
_____ Nage No Kata	_____ Kime No Kata	_____ Koshiki No Kata	
_____ Katame No Kata	_____ Goshinjitsu		
_____ Ju No Kata	_____ Itsutsu No Kata	Total Test Fee Paid: _____	

1. KATA TEACHING EXPERIENCE (continue on reverse side or attach list):

From	To	Capacities(duties)	Dojo/Clinic	City/State
------	----	--------------------	-------------	------------

2. KATA COMPETITION RECORD & RESULT(continue on reverse side or attach list):

From	To	Capacities(duties)	Dojo/Clinic	City/State
------	----	--------------------	-------------	------------

4. NATIONAL/REGIONAL KATA CLINIC ATTENDED/CONDUCTED(continue on reverse side or attach list):

From	To	Capacities(duties)	Dojo/Clinic	City/State
------	----	--------------------	-------------	------------

Signature of Applicant

Date