



Special Teaching and Coaching Clinic



February 19 and 20, 2011

USJF Sanction # 11-02-11

USJF, Konan Yudanshakai, and Saito/Wee Dojo are pleased to host a two-day clinic aimed at teaching how to train and coach Junior High and High School aged judo players.

PLEASE BRING YOUR JUDO GI TO THE WORKSHOP.

Senseis and judokas alike will gain a tremendous wealth of knowledge from attending either one, or both days of the clinic and will have the ability to interact and ask questions in an informal setting.

The clinic is on **Saturday, February 19 from 1pm – 4pm and on Sunday, February 20 from noon - 3pm.**

Cost:

Individual: \$30 for single day, or \$50 for both days. **Family rate** (for families where there are more than one judoka) is \$65 for both days. You must have valid USJF, USA Judo, or USJA registration.

Where: Saito/Wee Dojo at the Birmingham YMCA at 400 E. Lincoln Street, Birmingham, MI 48009 (248) 430-4083

Guest Instructors: We are fortunate to have two very special clinicians from Fukuoka, Japan. Mr. Hiroaki Kugisaki. 7th Dan, Sensei Kugisaki, is the Teacher & Head Judo Coach at Hakko Junior High School. He is also the head sensei for the Sanix training camp – a camp dedicated to the teaching and development of international Jr. High School Judo Judoka. Many of his students have become Japanese National Team members and medalists at the All-Japan Championships.

Kugisaki will be joined by Mr. Takafumi Maruyama whose information we will put on the website.

Please plan to attend this special clinic to learn from these elite Sensei.

USJF benefits: We are exploring the possibility to get USJF Teachers and Coaching certification for this workshop. Additionally we are working on getting USJF Teacher and Coaching CEU's (for those already certified). Updates will be posted on the Konan Website

USA Judo benefits: We are working on getting USA Judo coaching certification.

There will be additional costs associated with the certifications in conjunction with the clinics if you attend both days.



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Registration Form for Konan Teachers and Coach Clinic

February 19th and 20th 2011

(USJF Sanction #)

DATE ATTENDING: February 19th February 20th Both Days

PLEASE MAKE CHECKS PAYABLE TO: KONAN JUDO ASSOCIATION

REGISTRATION FORM

(PLEASE TYPE OR PRINT)

PARTICIPANT'S NAME: (if Family please list all names of those attending)

_____ (First) _____ (Last)

Address _____ City: _____ State: __ Zip _____

E-mail: _____@_____.

Age: _____ Date of Birth: ____/____/____ Phone: () _____-

Club: _____ Rank: _____

Current Registration Number:

USJF. _____ USA Judo _____ U.S.J.A _____ Canadian _____
Date of Expiration ____/____/____

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Certificate Regarding Non-Black Belt Participants

I, _____, a Judo instructor, who has been awarded the Judo rank of Shodan
(Print name of Instructor)
or higher, under the auspices of USJI, USJF, USJA OR JUDO CANADA, hereby certify that,
_____ although not having been awarded the Judo rank of Shodan,
(print name of participant)
or higher is of sufficient aptitude and skill in Judo to participate in this clinic.

Signature of Instructor _____ Rank _____ Dan Date ____/____/____
Rank # USJF _____ USJI _____ USJA _____ Other ()

Open to all currently active USJF, USJA, USA Judo, and Canadian members

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 ("Activity") of the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Konan Judo Yudanshakai, Inc., Saito Dojo, and the Birmingham YMCA,** I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.
2. I further acknowledge 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, supervisor, and/or a tournament official of such conditions and refuse to participate.
3. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, including permanent disability or death, and severe social and economic losses due not only to my own actions, inactions or negligence, but also to the actions, inactions, 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 risks involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, illness, disease, permanent disability, or death.
5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Konan Judo Yudanshakai, Inc., Saito Dojo, and the Birmingham YMCA,** together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal guardians, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as "Releasees", from any and all litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. 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/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant’s Signature

Date

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

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child’s 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/Legal Guardian

Parent/Legal Guardian’s Signature

Date Form 506 V6.0.0, 0908