



TECHNIQUE CLINIC BY TWO TIME OLYMPIC SILVER MEDALIST

YOKO TANABE

TWO TIME OLYMPIC SILVER MEDALIST (-72 KG) – Barcelona 1992, Atlanta 1996
TWO TIME WORLD CHAMPIONSHIP SILVER MEDALIST (-72 KG) – Belgrade 1989, Barcelona 1991
THREE TIME WORLD CHAMPIONSHIP BRONZE MEDALIST (-72 KG) –
Essen 1987, Belgrade 1989 (Open Div), Chiba 1995
SIX TIME WOMAN'S ALL JAPAN CHAMPION – 1987, 1988, 1989, 1990, 1991 and 1992

WHEN: DECEMBER 16 - 18, 2011

WHERE: THE TOHKON JUDO ACADEMY
4427 N. CLARK ST
CHICAGO, IL 60640
773 784-7766

SCHEDULE OF EVENTS

FRIDAY - 12/16/2011:	6:30 PM	REGISTRATION
	7:00 PM – 9:00 PM	CLINIC / WORKOUT
SATURDAY - 12/17/2011:	9:00 AM	REGISTRATION
	9:30 AM – 12:00 PM	WOMAN'S CLINIC / WORKOUT
	12:30 PM	REGISTRATION
	1:00 PM – 3:00 PM	JUNIOR'S (6-16) CLINIC / WORKOUT
SUNDAY - 12/18/2011:	2:30 PM	REGISTRATION
	3:00 PM – 5:00 PM	SENIOR'S CLINIC / WORKOUT
	9:00 AM	REGISTRATION
	9:30 AM – 12:30 PM	NEWAZA CLINIC / WORKOUT

COST: ONE DAY (MULTIPLE SESSIONS OK) - \$30.00 JUNIORS, \$40.00 SENIORS
TWO DAYS (MULTIPLE SESSIONS OK)- \$40.00 JUNIORS, \$50.00 SENIORS
ALL THREE DAYS (MULTIPLE SESSIONS OK)- \$50.00 JUNIORS, \$60.00 SENIORS

ELIGIBILITY: ALL PARTICIPANTS MUST PRESENT A CURRENT USJF, USA JUDO OR USJA MEMBERSHIP CARD AT REGISTRATION.

CO-HOSTED BY THE CHICAGO JUDO BLACK BELT ASSOCIATION AND THE TOHKON JUDO ACADEMY.

USJF Sanction Number 11-12-03

For more information contact Nicole Leung at nicole@tohkon.com or Douglas Tono at dtjudo@tohkon.com.

YOKO TANABE

TECHNIQUE CLINIC

December 16 - 18, 2011

REGISTRATION FORM

(Please Print Clearly)

Name: _____
Address: _____
City: _____ ST: _____ ZIP: _____
E-Mail: _____
Dojo: _____
Tel () _____ / _____ Cell () _____ / _____
Eligibility: All participants must present a current USJF, USJI and USJA membership card.
USJF No: _____ USJI No: _____ USJA No: _____
Exp Date: _____ Exp Date: _____ Exp Date: _____

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness
Type of assistance/accommodation requested or name of person assisting: _____

In case of emergency

Name/Parent/Guardian : (minors only under age 18)		
In case of emergency contact:		
Relationship:	Tel () _____ / _____	
Address:		
City:	State:	Zip:

CHECK EACH SESSION ATTENDING

FRIDAY 12/16 7:00PM - 9:00PM _____ SATURDAY 12/17 9:30AM - 12:00PM _____
SATURDAY 12/17 1:00PM - 3:00PM _____ SATURDAY 12/17 3:00PM - 5:00PM _____
SUNDAY 12/18 9:30AM - 12:30PM _____

COST: ONE DAY (MULTIPLE SESSIONS OK) - \$30.00 JUNIORS, \$40.00 SENIORS
 TWO DAYS (MULTIPLE SESSIONS OK)- \$40.00 JUNIORS, \$50.00 SENIORS
 ALL THREE DAYS (MULTIPLE SESSIONS OK)- \$50.00 JUNIORS, \$60.00 SENIORS

OFFICIAL USE ONLY

Paid	Cash	Check

BE SURE THE WAIVER ON THE BACK IS SIGNED

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., Chicago Judo Yudanshakai, Inc., Tohkon Judo Academy, and the Japanese American Service Committee**, 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., Chicago Judo Yudanshakai, Inc., Tohkon Judo Academy, and the Japanese American Service Committee**, 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

YOKO TANABE CLINIC

DECEMBER 16-18, 2011

HOTEL INFORMATION

We have rooms blocked off at the Holiday Inn Chicago North Shore for the Yoko Tanabe Clinic in Chicago. Double rooms with 2 Double Beds, Non-Smoking for \$89.00 per night plus 9.5% tax. Free parking, free wireless internet and plenty of other amenities to make your stay comfortable. Rate is good through December 5th, 2011 only. Rooms will be released after that date so make your reservation soon. A link to the hotel reservations is listed below.

There are plenty of restaurants (including two great Pancake Houses) and a shopping mall within walking distance. It is 7 miles to Tohkon and 17 miles from O'hare Airport.

If you are flying in and need transportation to the Hotel, please let us know and we will do our best to assist you. We will also help coordinate transportation between the Hotel and Tohkon.

E-mail transportation requests to info@tohkon.com.



HOLIDAY INN CHICAGO NORTH SHORE

SKOKIE BANQUET AND CONFERENCE CENTER

5300 W. TOUHY - SKOKIE, IL 60077

HOTEL PHONE: 847-679-8900

TOHKONJUDO

<http://ihotelsgroup.com/redirect?path=rates&brandCode=HI&GPC=TJA&hotelCode=CHISK& PMID=99801505>