

KONAN YUDANSHAKAI
2014 Fall Promotional Clinic
USJF Sanction # 14-08-09

DATE: Sunday, August 24, 2014
TIME: Registration 12:30 PM -1:00 PM
Training and Review – 1:00 PM – 3:00 PM
Kata Certification Testing – 3:00 – 4:00 PM

COST: \$20.00 for the workshop
USJF Kata Testing and Certification fees
\$20.00

LOCATION: Black Swamp Judo Club. 2564 Parkway Plaza, Maumee, OH 43537

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

Candidates will review for their Kata and Go Kyo no Waza. We strongly suggest you prepare for the promotion test at the promotional clinic. Those that want to be certified in a Kata must fill out application form plus a \$20.00 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 and certification.

Candidates must submit their Form 20 to Mr. Tom Sheehan at t_j_sheehan@yahoo.com Promotion Committee Chair and to Mr. Don Flagg Chair Konan Board of Examiners at obdon47@icloud.com for the promotional exam **no later than August 16, 2014** Candidates must obtain a form 20 go to <http://www.usjf.com/> then to downloadable forms to Promotional form. **A Background Check must be submitted to National Office by August 16, 2014 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.

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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.

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 _____



**UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION APPLICATION FORM**

Print): _____ Rank: _____

Address: _____ Date of Birth: _____

Telephone no: _____ (Home) _____ (Work) Rank: _____

E-MAIL: _____ USJF NO; _____

EDUCATION: _____ (Grade completed or degrees) OCCUPATION: _____

NAME OF DOJO: _____

NAME OF INTRUCTOR: _____

_____ Nage No Kata _____ Kime No Kata _____ Koshiki No Kata
_____ Katame No Kata _____ Goshinjitsu _____ Ju No Kata
_____ Itsutsu No Kata TOTAL FEES PAID: _____

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

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
.....				
.....				

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

To	Capacities(duties)	Dojo/Clinic	City/State
.....			

FEES: (non-refundable) Make check payable to United States Judo Federation

TESTING FEE: \$10.00 per Kata

CLASS: A \$20.00 Certification fee

CLASS: B \$15.00

CLASS: C \$10.00

Complete the APPLICATION FORM and enclose appropriate payment. Send to Eiko Shepherd 1918 North 57th Street, Washington Park, IL. 62204 Cell 618-781-5157

SIGUTURE OF APPLICANT

DATE

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 Association, Inc., Judo Affiliates of Michigan, Inc., Frances Glaze, and Black Swamp Judo Club**, 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 Association, Inc., Judo Affiliates of Michigan, Inc., Frances Glaze, and Black Swamp Judo Club**, 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