



**KONAN YUDANSHAKAI**  
**2016 Fall Promotional**  
 USJF Sanction # 16-10-05

**PARTICIPANT INFORMATION**

**DATE:** Sunday, October 2, 2016  
**TIME:** Registration 12:30 PM -1:00 PM  
 Exam & Kata Certification Testing – 1:00 PM – 300 PM

**COST:** \$10.00  
 USJF Kata Testing and Certification fees \$20.00

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

**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** \_\_\_\_\_

<p><b>If assistance/accommodation is needed (check off appropriate box)</b>  <input type="checkbox"/> Vision Loss/Blindness <input type="checkbox"/> Hearing loss/Deafness <input type="checkbox"/> Other _____          Type of assistance/accommodation requested or name of person assisting _____</p>
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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):

Table with 4 columns: To, Capacities(duties), Dojo/Clinic, City/State

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

Table with 5 columns: From, To, Capacities(duties), Dojo/Clinic, City/State

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

Table with 4 columns: 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., Don Flagg, Frances Glaze, Tom Sheehan, and the 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., Don Flagg, Frances Glaze, Tom Sheehan, and the 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