



Jack Hatton and Harun Bogdanic Judo Clinic

USJF Sanction Number: # 18-07-02



GODAI JUDO PRESENTS:

Jack Hatton: 2x USA Judo Senior Nationals Champion, 3x Panamerican Open Champion, 2x IJF Grand Prix World Tour Medalist

Harun Bogdanic: Panamerican Open Santo Domingo 7th Place, U.S Open Champion, 3x All-American at GVSU

2018 USJF/USJA NATIONALS ELITE TRAINING CAMP



Pre-Registration: \$50

On-site Registration: \$60

Both day discounts!



JULY 5TH, 2018 T: 9:30 A.M - 3:00 P.M

JULY 7TH, 2018 T: 3:30 P.M TO 6:00P.M

LOCATION: KROC CENTER 2500 DIVISION AVE S, GRAND RAPIDS, MI 49507



KONANJUDO.ORG



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Featured Clinicians: Jack Hatton and Harun Bogdanic

Jack Hatton:

2016 USA Judo National Champion
2017 Pan Am Team Member & 2017 World Team Member
2017 IJF Grand Prix Bronze Medalist
Top 20 WRL Ranking on IJF Official World Roster

Harun Bogdanic:

2017 U.S Open Champion
2017 Continental Cup Santo Domingo 7th Place

Where: Kroc Center, 2500 S. Division, Grand Rapids, MI 49507

When:

- Thursday, July 5, 2018
- 9:30pm - Registration
- 10:00pm - Noon (Harun)
- 12:00pm - 1:00pm (Break)
- 1:00pm - 3:00pm (Jack)
- July 7th, 2018
- 3:00pm Registration
- 3:30pm - 4:15pm (Harun)
- 4:15pm - 4:45pm (Break)
- 4:45pm - 6:00pm (Jack)

Contact: If you have, questions please contact Harun Bogdanic e-mail: harunbogdanic189@gmail.com or call 586-922-6925

Requirements: Need current USJF, USJA, or USA Judo, card for each participant, a Waiver and Release of Liability and Agreement to Participate, HEAD UP WAIVER (For those under 18; this form must be signed by the parent or guardian and minor) and must be completed

Cost: Pre-registration

Individual Rate: \$50 for (good reason, clinic fee can be refundable)
Family Rate: \$40 for each additional person - must be same family.

Please send pre-registration fee payable to:
"Godai Judo" at Jim Murray – 5091 Streamside Ct NE, Rockford, MI 49341

On-site registration

Individual Rate: \$60
Family Rate: \$50 for each additional person - must be same family.

Both Days

Preregistration – Individual \$80 Family \$60 for each additional person - must be same family.
On Site - Individual \$100 Family \$80 for each additional person - must be same family.



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Please place a check mark by the workshop you want to attend

July 5, 2018

July 7, 2018

Workshops to be conducted at: Kroc Center, 2500 S. Division, Grand Rapids, MI 49507

Please send the following pre-registration fees of Individual Rate: \$50 for (good reason, clinic fee can be refundable); Family Rate: \$40 for each additional person - must be same family; Both days Preregistration – Individual \$80 Family \$60 for each additional person - must be same family to payable to "Godai Judo" at Jim Murray – 5091 Streamside Ct NE, Rockford, MI 49341.

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE:

BIRTH DATE:

CLUB:

RANK:

AGE:

GENDER:

PRIMARY USJI, USJF, USJA (circle one) #

/Exp. Date:

JUDO CANADA PASSPORT #

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 _____

Certificate Regarding Non-Black Belt Contestants

I, _____ a Judo instructor, who has been awarded the Judo rank of Shodan or
(Print name of Instructor)

higher, under the auspices of USJI, USJF, USJA OR JUDO CANADA, hereby certify that,

_____ although not having been awarded the Judo rank of Shodan or higher,
(Print name of Contestant)

is of sufficient aptitude and skill in Judo to compete in these Championships.

Judo Instructor (print) _____ Date _____

Signature of Instructor _____ Rank _____ dan Org JI JF JA Expiration Date ___/___/___

NOTE: FOR THOSE 17 AND UNDER THE a Parent and athlete info sheet compliance statement MUST BE SIGNED BY BOTH THE PARENT/GUARDIAN AND PARTICIPANT AND SUBMITTED WITH THIS APPLICATION FORM

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HEADS UP WAIVER

For those under 18; this form must be signed by the parent or guardian and minor

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

By my name and signature below, I acknowledge in accordance with Public Acts 342 or 2012 that I received and reviewed this concussion educational material.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE