



# Ashi Waza Judo Clinic

USJF Sanction Number: # 19-04-02



**Date:** Saturday, April 6, 2019

**Time:** Registration: 12:30 – 1:00 pm  
Clinic: 1:00 – 3:00 pm

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

**Featured Clinicians:** Noboru Saito

- 8<sup>th</sup> Degree Black Belt (USJF)
- His involvement in the sport spans over 50 years. As a former top high school judo competitor in Japan, he currently shares his technical knowledge of judo as the Chief Sensei at Saito Dojo.
- Former USA Judo Board of Directors
- Former President of the United States Judo Federation
- His referee accolades include two World Championships and the 2004 Olympic Games. He has been Chief Referee at multiple national and international events
- President of Michigan Judo Development Association, Inc.

**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:**

\$40 for Pre-registration (Clinic Open to the 1<sup>st</sup> 30 attendees)  
\$50 for on-site registration

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

**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.

Contact: If you have, questions please contact Jim Murray e-mail: [MurrayJim@charter.net](mailto:MurrayJim@charter.net) or call 616-293-1568



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**

**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., Kroc Center, and Godai Judo**, 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., Kroc Center, and Godai Judo**, 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

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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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE