Date: Sunday January 26, 2020

Time:  
Registration: 12:30 pm – 1:00 pm  
Workshop: 1:00 pm – 3:00 pm  
Kata Certification testing: 3:10 pm

Location:  
Black Swamp  
5105 Glendale Ave  
Toledo, OH 45614  
France Glaze cell no# 1-419-350-1505

Registration Entry Fee: $20.00 USD

Clinicians:  
Francis Glaze, Rokudan  
IJJF-Judge, USA Judo “A” Judge, USJF “A” Teacher (in all 7 Katas), and a former International Kata competitor.

Shodan candidates must submit their typed form 20, Head up & Safesports certification by January 17, 2020. Nidan and above that are going for promotion must submit their current typed form 20 and current Head up & Safesports by January 17, 2020. To Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com and Tom Sheehan Chair Konan Promotion Committee at t_j_sheehan@yahoo.com

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.

USJF Kata Instructor Certification available:  
Please contact F. Glaze in advance that you want to certify – fmglaze@yahoo.com
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<td>JUDO CANADA PASSPORT #</td>
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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

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 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 090818
UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION APPLICATION FORM

Name (Type): __________________________________________________________ Rank: __________________

Address: __________________________________________________________ Date of Birth: __________________

Telephone no: ____________________ ____________________ Rank: __________________

E-MAIL: __________________________________________________________ USJF NO: __________________

EDUCATION: __________________________________ OCCUPATION: __________________________________

NAME OF DOJO: __________________________________________________________________________

NAME OF INSTRUCTOR: __________________________________________________________________________

________ 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

SIGNATURE OF APPLICANT DATE