



# Konan Promotional

USJF Sanction Number: 21-09-02

**Date:** Sunday September 12, 2021

**Time:** Registration: 9:00 am to 9:30 am  
Testing starts: 9:30 am

**Location:** Immortal Martial Arts Center  
8938 Cotter St, Lewis Center, OH 43035  
Phone Number - 614-949-1459

**Registration Entry Fee:** \$10.00 USD

We will not have a fall promotional clinic this year due to COVID-19. If you require or need help with your Kata or your technicals please contact France Glaze at [fmglaze@yahoo.com](mailto:fmglaze@yahoo.com)

**Konan Board of Examiners:** Francis Glaze, Shichidan

IJF-Judge, USA Judo "A" Judge, USJF "A" Teacher (in all 7 Katas), and a former International kata competitor.

All candidates will need a background check if not done in the last two years. For more information contact: [t\\_j\\_sheehan@yahoo.com](mailto:t_j_sheehan@yahoo.com) to get the link and info.

Shodan candidates must submit their Form 20, Head up and Safesport certificates, as well as your Nikyu & Ikkyu certificates by Saturday August 14, 2021. To Frances Glaze Konan Board of Examiners at [fmglaze@yahoo.com](mailto:fmglaze@yahoo.com) and Tom Sheehan Chair Konan Promotion Committee at [t\\_j\\_sheehan@yahoo.com](mailto:t_j_sheehan@yahoo.com)

**Nidan and above that are going for promotion must submit their Form 20 found at <https://www.pdfFiller.com/jsfiller-desk15/?requestHash=4ad5366c41e0f77f95a38609d50953f1bb013a01d05f381734a01b76401836b7&projectId=753796120&loader=tips&socketio=original#c40eca685364e2da7898bee232165860>, Head up and Safesports Certificates, first aid & CPR certification by Saturday August 14, 2021 To Frances Glaze Konan Board of Examiners at [fmglaze@yahoo.com](mailto:fmglaze@yahoo.com) and Tom Sheehan Chair Konan Promotion Committee at [t\\_j\\_sheehan@yahoo.com](mailto: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 of promotional – [fmglaze@yahoo.com](mailto:fmglaze@yahoo.com)



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**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

**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., Konan Judo Association, Inc., Judo Affiliates of Michigan, Inc., Don Flagg, Frances Glaze, Tom Sheehan, Black Swamp Judo Club**, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Konan Judo Association, Inc., Judo Affiliates of Michigan, Inc., Don Flagg, Frances Glaze, Tom Sheehan, 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 507, V7.0.0, 210312.docx



UNITED STATES JUDO FEDERATION
KATA INSTRUCTOR CERTIFICATION APPLICATION FORM

Name (Type): 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

SIGNATURE OF APPLICANT

DATE