

# Konan Promotional Clinic

USJF Sanction Number: 24-01-04

## Date: Sunday January 21, 2024

Time:	Registration:	12:30 pm – 1:00 pm
	Workshop:	1:00 pm – 3:00 pm

Location: Shojin dojo 29305 Southfield Rd. Southfield, MI, 48076 1-313-938-1205

Registration Entry Fee: \$20.00 USD

## **Clinicians**:

Frances Glaze, Shichidan

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

All candidates must submit all their paperwork by January 7, 2024. Go to Konan Judo | A USJF Yudanshakai – 501(c)(3) Charitable Organization to get the Konan Dan Promotion Instruction Sheet the revived August 1, 2023. Submit paperwork to Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com and Tom Sheehan Chair Konan Promotion Committee at t j sheehan@yahoo.com.

Shodan candidates must submit their form 20, Head up and Safesports Certifications (Safesports & Background are not needed if under the age of 18) by January 7, 2024. Send to Frances Glaze Konan Board of Examiners at fmglaze@yahoo.com and Tom Sheehan Chair Konan Promotion Committee t j sheehan@yahoo.com.

Background check can be found at usjf.com under resources as Background Screen Application.

Nidan and above that are going for promotion must also send in a CPR & First Aid certifications along with the above Shodan certifications. Which must be submitted by January 7, 2024 to Frances Glaze Konan Board of Examiners at <u>fmglaze@yahoo.com</u>and Tom Sheehan Chair Konan Promotion Committee at <u>t\_j\_sheehan@yahoo.com</u>

**ELIGIBILITY:** All contestants must <u>present</u> a valid U.S.J.I., U.S.J.F. or U.S.J.A card <u>at the workshop</u> <u>site</u>. <u>If you cannot produce a card, in order to participate, you will need to purchase a membership on site</u>. Foreign contestants must have the proper ID from their home country.

## **USJF Kata Instructor Certification available:**

Please contact F. Glaze in advance - fmglaze@yahoo.com



# Konan Promotional Clinic

USJF Sanction Number: 24-01-04

# Sunday January 21, 2024

Shojin dojo 29223 Southfield Rd. Southfield, MI, 48086

NAME:						
ADDRE	ESS:					
CITY:		STATE: Z	IP:			
PHONE	D:	BIRTH DATE:				
CLUB:	RANK:					
AGE:	GENDER:	PRIMARY USJI, USJF, USJA (circle one) #	/Exp. Date:			
JUDO (	CANADA PA	SSPORT #				
		e/accommodation is needed (check off appropriate box	)			

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., 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.

Date Form 514, V6.0.0, 090818



### UNITED STATES JUDO FEDERATION KATA INSTRUCTOR CERTIFICATION APPLICATION FORM

Name (Type)	:		Rank:			
Address:			Date of Birth:			
(Home) Telephone no:			(Work)		Rank:	
E-MAIL:				USJF N	USJF NO;	
EDUCATIO		npleted or degrees)	OCCUPA	ATION:		_
NAME OF I	<b>DOJO</b> :					_
NAME OF I	NTRUCTOR:					
	Nage No Kata		Kime No Kata		_ Koshiki No Kata	
	Katame No Kata		Goshinjitsu		_ Ju No Kata	
Itsutsu No Kata TOTAL FEES PA				FEES PAID:		
То	Capacities(c	duties)	ue on reverse side o Dojo/Clinic	City/State		
			e on reverse side or attac Dojo/		City/State	
3 NATIONAL/ To	Capacities(duti		CONDUCTED(continue o Dojo/Clinic	on reverse side or attach City/State	list):	
TESTING F CLASS: A CLASS: B CLASS: C Complete the	EE: \$10.00 per \$20.00 Cert \$15.00 \$10.00	Kata tification fee N FORM and enclos	United States Judo Fed e appropriate payment		herd 1918 North 57 <sup>th</sup> S	Street, Washington

SIGNATURE OF APPLICANT