

USA Judo in cooperation with the San Francisco Judo Institute

Present a

USA Judo Coaching Certification Clinic

With Clinicians
Damon Keeve, San Francisco Judo Institute
Willy Cahill, Cahill's Judo Academy
Mickey Davenport, Vallejo Judo Club
Harry Kendall, UC Davis Judo
Raul Tamayo, Stanford Judo
Jim Pennington, San Jose Buddhist Judo
Bob Uemura, Salinas Judo
Sayaka Matsumoto, East Bay Judo

USA Judo sanction 2009-038

Date: June 27, 2009
Location: San Francisco Judo Institute
2530 Taraval St. San Francisco Ca. 94116

Download registration forms at SFJI.org
EARLY REGISTRATIONS MUST BE POSTMARKED BY JUNE 25, 2009
ONSITE REGISTRATION: 8:00 - 9:00 AM

Clinic Fee: \$25 (USA Judo and background fees not included)
Clinic: 9:00 - 5:00 (with one hour lunch break)
Clinic Contacts: Gene Royale (415) 298-0750
William Desmole (415) 244-3771

- Certifications Available: State, Regional, and National Levels
- All Coach Certifications are renewable on an annual basis.
 - There is a 90-day grace period for coaches to renew for insurance purposes.

The Club Coach Level is for instructors who conduct classes in their respective dojos and wish to obtain a USA Judo Club Certificate. ONLY Club Coaches are required to have CPR and First Aid Training. Obviously, it is recommended for all coaches, but because competition rules mandate that medical staff be on hand at events, tournament coaches are not required to be trained in First Aid/CPR.

We are now allowing Senior Brown Belts to apply for State Level Coaching Certification. For all Coach Certifications, the rank must be certified thru USA Judo; the individual must be at least 18 years of age and pass the required background screening.



Fees

- Renewal fees \$50.00 per year, plus \$20.00 for ID card
- New Certification Fees \$70.00 (includes ID), plus \$16.00 fee to SCCI for background screen
- Clinic Fee \$25.00

Registrations must include:

- 1) Completed, legible clinic registration form.
- 2) Signed waiver
- 3) Copy of your current USA Judo card
- 4) \$25.00 clinic fee with a check or money order made out to “SFJI Clinic” (please do not mail cash)

Send all early-registration paperwork postmarked no later than June 25, 2009 to:

San Francisco Judo Institute
Attn: USA Judo Coaching Clinic
2530 Taraval St.
San Francisco, Ca. 94116

All participants are asked to bring the following:

1. USA Judo card (You may register with USA Judo onsite)
2. If you are already a certified Judo Coach, bring any copies of your Judo Coach certificates and/or your past Judo Coach ID card to the clinic.
3. Check, cash or money order for USA Judo Coach Certification processing (\$50.00).
4. A separate check or money order for background screening (\$16) if needed. USA Judo background screening forms will be available onsite. USA Judo does not perform the background screening, so a separate check is required for this service.
5. Check, cash, or money order for \$25 clinic fee.
4. Judo gi and zoori (slippers)
5. Those wishing to be certified or upgraded as a USA Judo Coach will be required to fill a separate *USA Judo Coach Form* onsite.
6. Please bring a passport size photo to get a USA Judo Coach ID Card. **DO NOT STAPLE PHOTO!**



USA Judo Coaching Certification Clinic
San Francisco Judo Institute
June 27, 2009

Sanctioned by USA Judo #

USA Judo renewal fees: \$50.00 per yr., plus \$20.00 for new/upgraded USA
Judo Coach ID Card

New Certification Fees: \$70.00 (includes ID), plus \$16.00 fee to SCCI for
background screening

Please make out a separate background screening payment to "SSCI"
Clinic Fee: \$25.00 Payable to "SFJI Clinic"

Please Print Neatly

Name _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Age _____

Female/Male _____

e-mail address _____ Phone _____

Judo Club _____

USA Judo Number _____ Expiration Date _____

Current Judo Rank _____

If Certified, Current USA Judo Coach Certification Level _____

Mo./Yr. of background check if performed by USA Judo _____

Clinic fee \$25.00. (Cash) _____ (Check #) _____



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 of the **USA Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., San Francisco Judo Institute** I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree 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. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **USA Judo, Inc., United States Judo Federation, United States Judo Association**, or the **San Francisco Judo Institute** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, 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 claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

Participant (please print name)

Participant's Signature

Date

