

**UNITED STATES JUDO INC. (USJI / USA Judo)
TEACHERS CERTIFICATION WORKSHOP CLINIC**

February 5-7, 2010

San Fernando Valley Japanese American Community Center
12953 Branford St. Pacoima, CA 91331 Tel: (818) 768-6954

sponsored by:

Judo Research & Development Group Inc. [JRDG]
320 E. 2nd St. #311 Los Angeles, California 90012
Tel: (213) 680-7734 email: JRDGUSA@pacbell.net

Judo Research and Development Group [JRDG] is pleased to present a three-day USJI **Teachers Certification Workshop Clinic** in Southern California over this coming Feb. 5-7, 2010. The Workshop will be open to all qualified Judo instructors and prospective instructors registered with United States Judo, Inc. (USJI), United States Judo Association (USJA), and United States Judo Federation (USJF).

The Purpose of the USJI Teachers Certification Workshop is to :

- [1] Advance the technical level and quality of American Judo and its teaching methods.
- [2] Educate and assist Judo instructors in maintaining the highest possible standards of Judo instruction, practice and competition.
- [3] Prepare Judo instructors for medical and legal contingencies that may occur during Judo instruction, practice and competition.
- [4] Insure that Judo instructors associated with the organizations governing Judo in the United States (USJI, USJA and USJF) are adequately prepared and qualified in accordance with IJF standards.
- [5] Provide Judo instructors with continuing education that will advance their expertise, knowledge and teaching skills.

Please note that additional 2 sessions for Feb.5 , 2010 (Fri) LIGHT RANDORI Practice (7:00~9:00PM) & Feb.6 , 2010 (Sat) "Philosophy of Judo Lecture" are mandatory for certification. General public is invited For KATA Clinic only with \$15.00- on Feb.7,2010 from 3:00pm.

CONTACTS

PROGRAM DIRECTOR:

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REGISTRATION & ACCOUNTING:

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* See the back page for contents of the Workshop.

USA JUDO Sanction # : USA 2009-89

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REGISTRATION FORM

Name: _____ Age: _____ Birth Date: _____

Address: _____ Sex: ___ Male / ___ Female

City: _____ State: _____ Zip: _____

Phone number: _____ E-mail address: _____

Judo Rank: _____ I Have Attached a Copy of My Rank Certificate.

USJI Membership Card No. _____ Expiration Date: _____ Affiliation: _____

Judo Club: _____ Instructor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

REGISTRATION REQUIREMENTS:

- 1) Current, valid USJI (USA Judo) membership.
- 2) Photocopy of current rank certificate (please enclose with this Registration Form)
- 3) Confirmation of current, valid USJI, USJA or USJF Background Screening **-or-** completion of attached USA Judo Consent/Release Form for Background Screening (including addl. \$16 fee)
- 4) Signed Waiver and Release of Liability (enclosed -- please sign and attach)
- 5) Registration Fee: \$ 150.00 U.S. (by check or money order payable to JRDG)
- 6) Please complete this Registration Form and attach items { 2 , 3 , 4 and 5 } above.

Mail this Registration Form and items { 2 , 3 , 4 and 5 } to:

Judo Research & Development Group Inc.
320 E. 2nd St. #311
Los Angeles, California 90012

REGISTRATION DEADLINE: In order to consider your application to participate in the Workshop, JRDG must receive your completed application materials no later than **January 25, 2010**. Workshop space is limited and applications will be considered in the order they are received.

USJI Teachers Certification Workshop Clinic **February 5-7, 2010**

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, workshop and related events and activities of United States Judo, Inc., California Judo, Inc., Judo Research & Development Group Inc., United States Judo Federation and United States Judo Association., 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 to not only 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 United States Judo, Inc. United States Judo Federation, United States Judo Association, California Judo, Inc., Judo Research & Development Group Inc., San Fernando Valley Japanese American Community Center San Fernando Judo Dojo, together with their affiliated clubs, their respective administrators, directors, agents, coached 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 to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee 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 RISK 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (please print name)

Participant's Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that, I, as parent/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 in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law. I have instructed the minor participants as to the above warnings and conditions and their ramifications.

Parent/Guardian (please print name)

Parent/Guardian's Signature

Date

SUGGESTED HOTEL LIST

Guesthouse Inn San Fernando Valley in Mission Hills	10621 Sepulveda Blvd. Mission Hills, CA 91345 Tel.: 818-891-1771	\$55.00~
American Best Value & Suites in Granada Hills	15543 Rinaldi St., Granada Hills, CA 91344 Tel.: 818-366-5901	\$72.86~
Holiday Inn Express in Van Nuys	8244 Orion Ave., Van Nuys, CA 91406 Tel.: 818-989-5010	\$119.95~
Ramada Inn Burbank in Burbank	2900 North San Fernando Blvd., Burbank, CA 91504 Tel.: 818-843-5955	\$ 87.46~
Comfort Inn in Van Nuys	6909 Sepulveda Blvd., Van Nuys, CA 91405 Tel.: 818-787-5400	\$ 79.99~

Please add tax and service charge (approximately \$10.00)

Note: These hotels located within 3-7 miles range and they are officially not contracted for the clinic purpose. Individual participant's recommendation only and each participant are responsible for the reservation prior to arrival.