

Referee Clinic

Saturday, March 14, 2020, 1 PM to 4 PM
USJF Sanction #20-03-10

We are fortunate enough to have Mr. Gary Takemoto pass on the information from the 2020 (January 11-12) IJF Referee and Coaching seminar. We will also have Scott Galles informing us how to referee Special Needs competitors.



Gary Takemoto – IJF A Referee, 2016 Olympic Referee
Scott Galles – IJF Continental B Referee

Referees and coaches are highly recommended to attend.

Clarification of rules.

How to become a better referee.

Understanding the rules and knowing what the referee's responsibilities are.

Coaches will learn why their players lose by shidos.

Learning correct gestures of shidos.

Learn the issues and concerns when refereeing special needs competitors.

For further information contact:

Robert Oishi 310.994.6917 Oishichiro@aol.com

Referee Clinic

Saturday, March 14, 2020, 1 PM to 4 PM
USJF Sanction #20-03-10

Date: Saturday, March 14, 2020

Time: 1:00 PM to 4:00 PM (*10 years and older)

Please bring your judogis.

***We are limiting it to the first 20 to register.**

**Location: Harbor Judo Dojo
1306 W. 253rd Street Harbor City CA 90710**

Eligibility - Open to USJF, USJA & USA Judo members in good standing. Must provide current membership card. Judoka is expected to be respectful and show proper judo etiquette. Judokas may be asked to leave the mat at the request of the Sensei in charge.

**Please make checks payable to: Taishi Judo Club
Completed forms, checks and copy of USA Judo, USJF or USJA current membership cards to be sent to:**

**Rob Oishi
17801 Osage Avenue
Torrance, CA 90504**

**Clinic Fee if pre-registered or postmarked by March 4, 2019:
\$30 per individual per session.
\$20 for each additional family member per session of the same immediate family.**

**Clinic Fee if after March 4, 2020 or at the door on the day of:
\$45 per individual
\$30 for each additional family member of the same immediate family.**

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Must be a current member of USJF, USA Judo or USJA

Name: _____ Sex: _____ Dojo/Club: _____
Last, First

Birthdate: _____ Age: _____ Rank/color belt: _____

Address: _____
Street

_____ City / State / Zip

Email address: _____

Day phone: (_____) _____ Mobile phone: (_____) _____

USJF#: _____ USA Judo#: _____ USJA#: _____ exp: _____

Emergency contact: _____ Phone: (_____) _____
Name

Address: _____
Street

_____ City / State / Zip

Is special assistance/accommodation needed?(check appropriate line:)

_____ *Vision Loss/Blindness* _____ *Hearing loss/Deafness*

Type of assistance/accommodation requested, or name of person assisting:

Please circle your referee level:

local regional national continental international

Please circle your coaching level:

local regional national continental international

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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., Nanka Judo Yudanshakai, Inc., Harbor Judo Dojo, and Taishi 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., Nanka Judo Yudanshakai, Inc., Harbor Judo Dojo, and Taishi 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