

USA Judo Level D and Level E Coaches Certification Clinic

Sponsored by San Jose Buddhist Judo Club and Palo Alto Judo Club

CJI Sanction #05-17

Date: Sunday, June 5, 2005

Location: Jane Lathrop Stanford Middle School
480 E. Meadow Drive
Palo Alto, CA 94306 (see directions below)

Time: 9:25 A.M. – 10:00 A.M. – Registration
10:00 A.M. – 2:00 P.M. – Clinic

Cost: \$40.00 – Level D or E
(\$20.00 Check payable to “USA Judo” for processing, posting on USJI Website, Certificate and \$20.00 Check payable to “SJB Judo Club”)

Note: Background screening cost is \$16.00 valid for 4 years if required.
Optional Coaches Badge is \$15.00

Clinicians: David Williams
Cal Kitaura
Dr. Richard Cirone
Others

Eligibility: USJI, USJF or USJA. Must show proof of current membership. For USJI Certification must be a member or purchase membership with USJI.

Information: Vaughn Imada, 408-379-7066-home, 408-505-6007-cell, or vpimada@aol.com

Directions to Jane Lathrop Stanford Middle School, 480 E. Meadow Drive, Palo Alto, CA. 94306

Take 101 Fwy and get off at San Antonio Road (coming from south turn left on San Antonio Road. If you are coming from north, turn right).

Go to Charleston Road and turn right.

Half mile turn right on Middlefield Road.

Go another half mile and turn left on E. Meadow

Half mile on your left hand side you will see a sign that says “JLS Middle School”. Turn left and go 200 yard. Gym is on your left. Classroom for clinic is next to gym on the right.

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REGISTRATION FORM

(Please Print Clearly)

Last Name: _____ First Name: _____

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

Daytime Phone: (_____) _____ Evening Phone: (_____) _____

Fax: (_____) _____ E-Mail: _____

Date of Birth: ____/____/____ Age: _____ Sex: _____ Judo Rank: _____

Current or Past Certification Level _____ Exp. Date: ____/____/____

USJF# _____ USJI# _____ USJA# _____ Exp. Date: ____/____/____

Name of Judo Club: _____

Yudanshakai (if applicable): _____

In case of emergency:

Contact Name: _____

Emergency Phone Number: (_____) _____

Please sign the Waiver and Release of Liability and Agreement to Participate form on the back of this registration form.

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 the **Coaches Certification Clinic**, in any Judo tournament, practice, clinic, and related events and activities of the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Central Coast Judo Yudanshakai, Palo Alto Judo Club, Jane Lathrop Stanford Middle School, Palo Alto Unified School District**, and the **San Jose Buddhist Judo Club**, 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 **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Central Coast Judo Yudanshakai, Palo Alto Judo Club, Jane Lathrop Stanford Middle School, Palo Alto Unified School District**, and the **San Jose Buddhist Judo Club** 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. 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	Participant's Signature	Date
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**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 participant as to the above warnings and conditions and their ramifications.

Parent/Guardian	Parent/Guardian's Signature	Date
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