



## 2019 Shufu USJF Self Defense Certification and Re-Certification Clinic



USJF SANCTION  
#19-06-13

We are pleased to announce the USJF Self Defense Certification and Re-Certification Clinics. These clinics are for instructors and assistant instructors that wish to present USJF Self-Defense Programs in their dojos and also to the public. Our intent is to broaden the judo program and to also provide Shufu members with programs that will complement and increase participation in judo classes. The Re-certification Course is for those individuals that have been previously certified by USJF as Self Defense Teacher or Assistant Self Defense Teachers. The Certification Course is for those individuals that wish to be certified as Self Defense Trainer, Self Defense Teacher or Assistant Self Defense Teacher under the USJF program. These programs are designed to conform to the Insurance policy provided as a USJF member

**DATE/TIMES:** June 9, 2019 from 9:00 am to 5:30 pm    **REGISTRATION:** 8:30-9:00 am

**LOCATION:** Pure Performance Martial Arts Center  
4980 Boiling Brook Pkwy, Rockville, MD 20852 (Parking on site)

**CLINICIANS: USJF Self Defense Committee Members:** Neil Simon, Chair, Keith Watanabe, and Kristofer Larson J.D.

**COST: Workshop:** \$50    **Certification Costs:** \$30.00 for Trainer, \$20.00 for Teacher, \$10.00 for Assistant Teacher

**CONTACT PERSON:** Eric Spears, dericspears@gmail.com, 240-938-1233

### REQUIREMENTS:

- All participants must be valid members (Primary or Secondary) of USJF to be certified. Members of other organizations (USJA/USA Judo) may attend the course but will not receive USJF certification.
- Additional Requirements:
  - Additional training classes are required for certification. These training classes are:
    - CPR/First Aid
    - CDC Concussion courses.
    - USOC Safe Sport Certificate

*If you take any of these courses prior to attending this clinic please bring copies of your certifications with you to the clinic.*

- If you have any prior self-defense courses or related courses please bring copies of those certificates to the course. We will compile them and verify that you have enough CEU (continuing education units) for the level of certification applied for. We will submit them to the USJF National Office for certification. If you decide to take the appropriate courses after the clinic then it will be your responsibility to compile them and submit them to the USJF National Office on your own.
- You must submit the results of your most current background check (no more than 2 years old). If the background was done through USJF it will be on file. If it was done by USA Judo or USJA then you must provide a copy of the cover letter that states that you have passed the background. DO NOT bring a copy of your entire background check.
- Prior to attending the clinic you need go to <http://www.videonerd.net/USJFSD/> to access and view the following videos:
  - Go to the site and create an account and evaluation underneath the video.
  - For those going for Certification watch videos 1, 2, and 5
  - For those going for Re-certification watch videos 1-9.
- Minimum Requirements for USJF
  - Assistant Self-Defense Instructor is at least 16 years old and hold the valid rank of Sankyū.
  - Self Defense Instructor is at least 18 years old and hold the valid rank of Shodan

### WHAT TO BRING:

- Wear comfortable clothing as we will be practicing some techniques (no judogi is required).
- See check list on next page

We will be providing all participants with a USB drive of class material. As we will be presenting a lot of material in a short amount of time we will provide lunch. **ELIGIBILITY:** All contestants must present a valid U.S.J.I., U.S.J.F. or U.S.J.A card at the workshop site. If you cannot produce a card, in order to participate, you will need to purchase a membership on site. Foreign contestants must have the proper ID from their home country

# USJF/Shufu Self Defense Certification/Re-certification Course Application

Self Defense course you want to attend:  Certification  Recertification

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

USJF Number \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

USJI or USJA or Judo Canada (circle one) # \_\_\_\_\_ Date of Expiration \_\_\_/\_\_\_/\_\_\_

Club/Dojo: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Rank \_\_\_\_\_ Organization Received From:  USJF,  USJI,  USJA

Background/Organization Received from:  USJF,  USJI,  USJA

(If other than USJF please bring a copy of your pass letter (not the entire background))

## Current USJF Certification Levels (Check your appropriate level(s))

USJF Certification	Level	Expiration Date
Teacher	<input type="checkbox"/> Teacher <input type="checkbox"/> Master <input type="checkbox"/> Teacher <input type="checkbox"/> Trainer	___/___/___
Coach	<input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Trainer	___/___/___
Self Defense	<input type="checkbox"/> Asst Teacher <input type="checkbox"/> Teacher <input type="checkbox"/> Trainer	___/___/___

### If assistance/accommodation is needed (check off appropriate box)

Vision Loss/Blindness  Hearing loss/Deafness  Other \_\_\_\_\_

Type of assistance/accommodation requested or name of person assisting \_\_\_\_\_

## Self Defense Course Materials Checklist

- Bring paper and/or a computer to take notes
- USJF, USJA, or USA Judo card
- Completed certification or re-certification application
- Certificates of passage from the assigned videos
- CPR/First Aid
- Heads Up - CDC Concussion courses
- USOC Safe Sport Certificate
- Copies of self-defense courses or related courses Certificates of Passage
- Results of your most current background check (no more than 2 years old)

### PARKING INFORMATION

Location:

Pure Performance Martial Arts Center  
4980 Boiling Brook Pkwy  
Rockville  
MD 20852

**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., Shufu Judo Yudanshakai, Inc., and the Pure Performance Martial Arts Center**, 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., Shufu Judo Yudanshakai, Inc., and the Pure Performance Martial Arts Center**, 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