



**The USA Judo Coach and Education Committee
in cooperation with Virginia Judo Inc.,
Yamasaki Academy and Sport Judo**

Present:

USA Judo Coach Education and Certification Clinic

Sanctioned by USA Judo

- Schedule:** Saturday, February 9, 2013
Check-In and Clinic Registration 8:00 am – 9:00 am
Clinic Session 9:00 am – 4:30 pm (includes 1 hr. lunch break)
- Site:** Yamasaki Academy
5405-A Port Royal Road
North Springfield, VA 22151
Coach Clinic Inquiries: 703-407-1691
- Head Clinicians:** Mr. Patrick Burris
Director, USA Judo Coach Education and Certification
- Mr. Maurice Allan, MBE
Head Coach, Sport Judo
- Assisting:** Mr. Michael Landstreet
President, Virginia Judo Inc.
- What to bring:** Bring your Judo uniform and your USA Judo card. If you are certifying as a USA Judo Coach for the first time please check in early and begin registering before 8:30 am. Bring a passport size photo for your USA Judo Coach ID badge or email your photo to burris7276@sbcglobal.net. For those re-registering or wish to be considered for a USA Judo Coach level upgrade must fill out a USA Judo Coaching Certificati on New/Renewal form. All coaches must have passed a USA Judo background screening for certification. These related forms can found at <http://www.usjudo.org>. They will also be available at the clinic. USA Judo membership is required to be certified.
- Clinic Entry fee:** Clinic Entry fee: \$30.00
Please make Clinic Entry fee checks out to: *Yamasaki Academy*

Please be aware that the Clinic Entry fee does not include the USA Judo Coach certification fees. Checks or money orders for USA Judo Coach certification listed on page 2 are to be made out to *USA Judo*.

All USA Judo Coach Certifications are renewable on an annual basis. The 2013 membership period is January 1, 2013 – December 31, 2014. After January 1, there is a 90-day grace period for coaches to renew for insurance purposes. Please note that USA Judo now has 2 year coach certification.

There are now 7 Levels of Coach Certifications;

- Club Coach (Club Coaches will receive a State Level Certificate)
- State Level
- Regional Level
- National Level
- Continental Level
- International Level
- International Gold Level

The Club Coach Level is for head instructors who conduct classes in their respective dojos and wish to obtain a USA Judo Club Certificate. We are now allowing Senior Brown Belts to apply for State Level Coaching Certification. As for all USA Judo 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.

Effective January 2008, all Coaches coaching at the National Level must have a minimum of National Level Certification.

Effective January 2009, all Coaches coaching at the International Level must have a minimum of Continental Level Certification.

Fees:

- Renewal fees \$70.00
- New Certification Fees; \$70.00 (includes ID), plus \$16.00 fee to SSCI for background screening
- Two year certification \$140.00

Renewals: We are allowing coaches who were previously certified to renew their certifications at the same level, without retaking the certification course. In order to progress up the coaching levels, coaches are required to take the appropriate course.

ID Cards: Your ID card is your credential to get onto the floor at USA Judo competitions. Additionally, many local tournament directors are allowing USA Judo Coaches with an ID card free access to their venues. We have also implemented a change in coach registration for events. If you have a USA Judo ID card, you will not need to pre-register for coaching at USA Judo events.

Mailing, questions or inquiries may be directed to:

**Maurice Allan
Sport Judo
Yamasaki Academy
5405-A Port Royal Road
North Springfield, VA 22151**

Coach Clinic Inquiries: 703-407-1691

Email: MauriceAllanMBE@yahoo.com or mwljudo@msn.com



**USA Judo Coach Education and Certification Clinic
Entry Form**

**Saturday, February 9, 2013
Yamasaki Academy
5405-A Port Royal Road
North Springfield, VA 22151
Coach Clinic Inquiries: 703-407-1691
Sanctioned by USA Judo**

**Clinic Entry fee: \$30.00
Please make Clinic Entry Fees out to: *Yamasaki Academy*
USA Judo Coach Certification and SSCI background screening are extra.**

Name _____

Address _____

Home Phone _____ **Other Phone** _____

Email Address _____

Rank _____ **Club** _____

Age _____ **Date of Birth** _____ **Years in Judo** _____

USA Judo Card Number _____ **Expiration Date** _____

Current Coach Level _____

Coach Clinic Checklist for certification:

_____ **USA Judo Card (you may apply on-site for USA Judo membership).**

_____ **Complete Judo uniform.**

_____ **Passport Size Photo (must be passport size).**

_____ **Payment for Clinic.**

_____ **USA Judo Coach Certification fee (check or money order made out *USA Judo*).**

_____ **Copy of rank certification.**

_____ **USA Judo Coach Code of Ethics signed.**

_____ **USA Judo Coach Application completely filled out.**

_____ **SSCI background screening (check or money order made out to SSCI)**

The USA Judo Coach forms must be filled out completely and turned in at the clinic to be certified in a timely manner.

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, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Virginia Judo Inc., Arlington Judo Club, Yamasaki Academy, Sport Judo**, 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, traumatic brain injury, 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, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Virginia Judo Inc., Arlington Judo Club, Yamasaki Academy, and Sport Judo**, 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 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 GIVE 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/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