



**The Arlington Judo Club in Cooperation with
the Arlington County Department of Parks
and Recreation and Shufu Judo Yudanshakai**

Presents:

2023 Novice and Fundamentals Referee Clinic

USJF Sanction 23-03-03

- Date:** Saturday, March 4, 2023
- Time:** Registration & Check In 8:00AM – 9:00AM
- Location:** Dawson Terrace Community Center
2133 North Taft Street
Arlington, VA 22201
- Clinicians:** Sharon Landstreet, IJF A International & World Referee
Other Guest Referees
- Clinic Hours:** 9:00 AM to 4:30 PM
- Clinic Schedule:** 9:00 AM to 12:00 PM First half of the referee clinic
12:00P M to 1:00 PM. Lunch break
1:00 PM to 4:30 PM. Second half of the referee clinic

Preregistration Fee: \$20.00 **Onsite Registration Fee:** \$30.00

Payment: Cash, checks payable to Arlington Judo Club or PayPal

Eligibility: Open to current members of USJF, USA Judo and USJA. Proof of current membership must be presented at registration.

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Topics to be covered:

Rules for 2022-2024 Olympic Cycle

Discussion and practice of commands and positioning

Scoring criteria

Penalties and procedures

Review of various tachiwaza, newaza and gripping situations

CARE system and how it is used

Insite on refereeing at each level – From Local to International

Mock matches for practicing refereeing and judging

This is a golden opportunity to learn about refereeing fundamentals.

Check List:

___ Complete Judo uniform

___ Proof of current judo membership

___ Competed Entry Form if registering the day of clinic

___ Signed waiver

___ Water bottle

___ Lunch or snack

Pre-Registration:

If pre-registering, the competed entry form, signed waiver and payment can be dropped off during Arlington Judo Club class hours 6:00pm to 9:30pm on Tuesdays and Thursdays. Checks to be made out to *Arlington Judo Club*.

Or Mail To:

Michael Landstreet
6592 Creek Run Drive
Centreville, VA 20121

DO NOT MAIL ANYTHING TO THE DAWSON TERRACE COMMUNITY CENTER ADDRESS!

Phone: 571-216-8992 Email: mwljudo@msn.com or sbojudo@msn.com

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REFEREE CLINIC ENTRY FORM

COMPLETE THE ENIRE FORM. TYPE OR PRINT NEATLY

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____ EMAIL _____

CIRCLE MEMBERSHIP USJF USA JUDO USJA

MEMBERSHIP NO. _____ EXPIRATION DATE _____

GENDER _____ AGE _____ DATE OF BIRTH _____

CIRCLE REFEREE LEVEL NOVICE LOCAL REGIONAL NATIONAL

RANK _____ LIST ANY ACCOMIDATIONS REQUESTED _____

If assistance/accommodation is needed (check off appropriate box):	<input type="checkbox"/> Vision Loss/Blindness	<input type="checkbox"/> Hearing Loss/Deafness
Type of assistance/accommodation requested or name of person assisting: _____		

ATTENTION ALL PARTICIPANTS:

THE WAIVER FOR THIS EVENT MUST BE READ AND SIGNED. IF THE PARTICIPANT IS A MINOR, A PARENT OR GUARDIAN MUST ALSO SIGN THE WAIVER.