



USA JUDO

KATA OPERATIONAL COMMITTEE

**TRANSITION TO IJF STANDARDS &
COMPETITION SCORING CLINIC**
AND
NATIONAL JUDGES CERTIFICATION EXAMINATION

Clinic conducted by:
EIKO SHEPHERD, 7th dan
KAREN WHILDEN AND DIANE JACKSON
National & International Champions, A-Level Kata Judges

Friday, May 1, 2015
CLINIC: 1:30 p.m. – 4:00 p.m.
JUDGES CERTIFICATION 4:00 p.m. – 5:00 p.m.

LOCATION: IRVING CONVENTION CENTER
500 West Las Colinas Boulevard, Irving, TX 75039
(½ mile from headquarter hotel—no transportation provided)

CLINIC FEE (non-refundable): \$35.00
EXAMINATION FEE: \$10.00 PER KATA
LICENSE FEE: \$15.00 PER KATA UPON PASSING
ON SITE REGISTRATION: Commences at 1:30PM
PAYMENT BY CASH OR CHECKS AT THE CLINIC
(PAYABLE TO USA JUDO)

Note: Without exception, **ALL** weapons used for USA Judo kata clinics and kata competition, will be **replicas** of actual weapons (i.e. made of wood or plastic and completely inoperable). Contact your airlines in advance on security measures to accommodate transport as luggage.

OFFICIAL ENTRY FORM

NATIONAL KATA CLINIC & JUDGES CERTIFICATION TEST

May 1, 2015
4:00 pm – 5:00 pm

NAME (print): _____ DATE OF BIRTH: _____ RANK: _____

ADDRESS: _____ CITY: _____ ST. _____ ZIP: _____

TELEPHONE NO. _____ E-MAIL: _____ USA Judo NO.: _____

EDUCATION (grades completed or degrees) _____ OCCUPATION: _____

NAME OF YOUR DOJO: _____ YEARS IN JUDO TRAINING: _____

NAME OF HEAD INSTRUCTOR: _____ RANK: _____

1. Check the National Kata Clinics attended:

- | | | | | | |
|--------------------------|------------------|--------|-------------------------------------|--------------------------|-------|
| <input type="checkbox"/> | 1st | (1985) | Kime no kata & Ju no kata | Southfield, MI | ----- |
| <input type="checkbox"/> | 2nd | (1986) | Kime no kata & Nage no kata | Honolulu, HI | |
| <input type="checkbox"/> | 3rd | (1989) | Itsutsu no kata & Katame no kata | Tampa, FL | |
| <input type="checkbox"/> | 4th | (1991) | Ju no kata Clinic/Certification | Honolulu, HI | |
| <input type="checkbox"/> | 5th | (1992) | Katame no kata Clinic/Certification | Coraopolis, PA | |
| <input type="checkbox"/> | 6th | (1993) | Nage no kata Clinic/Certification | Indianapolis, IN | |
| <input type="checkbox"/> | 7th | (1994) | Ju no kata Clinic/Certification | Irvine, CA | |
| <input type="checkbox"/> | 8th | (1995) | Goshinjutsu Clinic | Indianapolis, IN | |
| <input type="checkbox"/> | 9th | (1996) | JU-KA-NA- Clinic | San Jose, CA | |
| <input type="checkbox"/> | 10th | (1997) | Judges Workshop | Ft. Lauderdale, FL | |
| <input type="checkbox"/> | 11th | (1998) | Koshiki no kata Workshop | Chicago, IL | |
| <input type="checkbox"/> | 12th | (1999) | Koshiki no kata Workshop | Spokane, WA | |
| <input type="checkbox"/> | 13th | (2000) | Goshin jutsu Clinic | Houston, TX | |
| <input type="checkbox"/> | 14th | (2001) | Kime no kata | Orland, FL | |
| <input type="checkbox"/> | 15th | (2002) | Judges study clinic | Cleveland, OH | |
| <input type="checkbox"/> | 16th | (2003) | Kime no kata clinic | Las Vegas, NV | |
| <input type="checkbox"/> | 17th | (2004) | Itsutsu no kata clinic | San Diego, CA | |
| <input type="checkbox"/> | 18th | (2005) | Judges clinic/certification | Virginia Beach, Virginia | |
| <input type="checkbox"/> | 19th | (2006) | Koshiki no kata clinic | Houston, TX | |
| <input type="checkbox"/> | 20 th | (2007) | Judge's clinic | Miami, Florida | |
| <input type="checkbox"/> | 21 st | (2008) | Judge's clinic | Virginia Beach, Virginia | |
| <input type="checkbox"/> | 22 nd | (2009) | IJF Kata Competition Rules | San Diego, CA | |
| <input type="checkbox"/> | 23rd | (2010) | Ju no Kata Clinic | Myrtle Beach, SC | |
| <input type="checkbox"/> | 24 th | (2011) | Ju no Kata Clinic | Orlando, Florida | |
| <input type="checkbox"/> | 25 th | (2012) | Katame no Kata Clinic | Irving, TX | |
| <input type="checkbox"/> | 26 th | (2013) | Ju no Kata Clinic | Orlando, Florida | |
| <input type="checkbox"/> | 27 th | (2014) | Kime no Kata | Reno, NV | |

2. In case of emergency, contact: TELEPHONE NO.: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

3. Official Entry form must be completed with the WARNING, WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE.

SIGNATURE OF ENTRANT

DATE

APPLICATION/RENEWAL FORM FOR JUDGE CERTIFICATION

NAME (PRINT) _____ DATE OF BIRTH _____ RANK _____

ADDRESS _____ CITIZENSHIP _____

TELEPHONE NO _____ E-MAIL _____ USJI NO _____

EDUCATION _____ OCCUPATION _____

NAME OF YOUR DOJO _____ YEARS IN JUDO TRAINING _____

ADDRESS OF YOUR DOJO _____ CITY/ST/ZIP _____

NAME OF HEAD INSTRUCTOR _____ RANK _____

1. KATA TEACHING EXPERIENCE (continues on reverse side or attach list)

From _____ to _____ Capacities (duties) _____ Dojo/Clinic _____ City/State _____

2. KATA COACHING EXPERIENCE (continue on reverse side or attach list)

From _____ to _____ Name of teams/students/dojo/state teams _____ Type of kata (national/regional/local) _____

3. KATA COMPETITION RECORD & RESULTS (continue on reverse side or attach list)

Date Event _____ **Type of kata (national/regional/local) Results** _____

4. NATIONAL/REGIONAL KATA CLINIC ATTENDED/CONDUCTED (continue to reverse side or attach list)

Date _____ Clinic Name/Kata _____ Place (city/state) _____ Instructor(s) _____

5. USA JUDO-NATIONAL KATA JUDGES CERTIFICATION/CLINIC ATTENDED (continue on reverse side or attach list)

Date _____ Clinic Name/Kata _____ Place (city/state) _____ Class A Judges Names _____

6. TYPE OF USJI KATA JUDGES CERTIFICATION IN APPLICATION (check A/B/C & circle kata category)

Class A ___ National Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

Class B ___ Regional Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

Class C ___ Local Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

(The certificate are the possession of United State Judo, Inc. and the license are issued under its authority)

FEES (non-refundable)

Make check payable to: **UNITED STATES JUDO, INC.**

TESTING FEE TEN DOLLARS (\$10.00) PER KATA

CERTIFICATION FEE: FIFTEEN DOLLARS (\$15.00) FOR EACH KATA CATEGORY.

RENEWAL FEE: FORTY DOLLARS (\$40.00) PER PERSON.

Complete the APPLICATION/RENEWAL FORM and appropriate payment. Bring to Kata Clinic when you register

SIGNATURE OF APPLICANT

DATE

**2015 USA JUDO Senior National Championships
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 2015 USA Judo (USJI) Senior, Visually Impaired, International Masters, Brown Belt and Kata National Judo Championships, and related events and activities of United States Judo, Inc. (USA Judo) the Irving Convention & Visitors Bureau, Irving Convention Center, Dollamur, Marriott Dallas Las Colinas, City of Irving, Texas, and all judo and local organizations supporting the event **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 to not only 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, Inc., the United States Olympic Committee, United States Judo Federation, United States Judo Association the Irving Convention & Visitors Bureau, Irving Convention Center, Dollamur, Marriott Dallas Las Colinas, City of Irving,, and all judo organizations and local organizations supporting the event 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 to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability, and death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise to the fullest extent permitted by law.
6. I agree to be filmed and photographed under conditions approved and authorized by USA Judo, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my judo performance/participation and grant to USA Judo and Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the judo team on which I compete, to promote the image of USA Judo, its sponsors and advertisers, and the sport of amateur judo, and to fund the activities of the USA Judo.

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 RISK 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's Printed Name	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's Printed	Name Parent/Guardian's	Signature Date