



# Nage no Kata Clinic

Clinicians: Karen Whilden and Diane Tamai Jackson

February 5, 2023, at Sport Judo, 5405 Port Royal Rd., Springfield, VA, 22151

Sanction: USJF 23-02-02;

Registration at 9:00am. Clinic 9:30 – 3:30 with lunch break

Ways to register or provide intent: 1) Print hard copy, scan and send to [JudoDTJackson@gmail.com](mailto:JudoDTJackson@gmail.com) or 2) email [JudoDTJackson@gmail.com](mailto:JudoDTJackson@gmail.com) that you intend to attend; and/or 3) PRINT and bring on-site; and/or 4) show up and register on site

COVID – Be prepared to follow county, state, and USJF COVID guidelines. #1 if you do not feel well, please do not attend. #2 a negative test is NOT required. #3 masking is not required currently (1/10/2023). Masking is always an option for consideration for yourself, people you have routine contact with, or from others. You do not need a partner to participate.

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

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

Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Club: \_\_\_\_\_

Rank: \_\_\_\_\_ Sex Orientation: M F O Age: \_\_\_\_\_

USJF, USA Judo, USJA (Circle One) Number # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Paper forms for National organization membership registration or renewal will NOT be available on-site.

Do you require special assistance/accommodation? \_\_\_\_\_. If assistance if needed, please indicate the type: \_\_\_ low or loss of hearing \_\_\_ low or no vision \_\_\_ other. Indicate if another type of assistance or provide the name of person providing assistance \_\_\_\_\_. We will do our best to work with you to accommodate a specified need.

Payment may be made by cash; check payable to 'Shufu Judo'; or Venmo (add \$2.00) to @JudoDTJackson. Waivers and membership verification will be completed on-site. Participants under the age of 18 on the day of the clinic, please contact event director and must bring a copy of the waiver signed by a parent or legal guardian.

---

## Check-in Information:

Registration Amount: \_\_\$ 20.00 \_\_ Payment method: Venmo / Check # \_\_\_\_\_ / Cash

Membership card: \_\_\_\_\_ Waiver signed: \_\_\_\_\_