



State, Regional, National Coach Certification Clinic

Sunday November 6, 2011

Sanctioned by Texas Judo Incorporated

Location	SOHK Judo Club 25770 Interstate 45, Spring, Texas 77386	Phone: 214-566-9591
Clinician	Manmohan Chima, International Coach North Texas Judokai	
Registration	\$70 check to USA JUDO (includes certification plus ID) <i>Note: If renewal add \$20 late fee</i> \$16 check to SSCI (for background check)	
Pre-Registration Appreciated	email Chima at: sewadhar@hotmail.com	
Clinic Topics	Classroom Risk Management Goal Setting & Motivation Dress Code, Responsibility, Attitude Coach & the Player, coach & the Referee Set up, Preparation, Lesson Planning History of Judo	Mat Session Ukemi, Newaza, Nagewaza, Shimewaza, Kansetsuwaza
Schedule	Starts at 9 am	
Requirements	Current USA Judo Membership (Copy of membership) Rank Requirement – sankyu, or above (Copy of rank) Minimum 18 years of age Signed Code of Conduct (form available at clinic) Background Screening (Copy of or form available at clinic or on line at USA JUDO under “forms.”) Required every 4 years * Passport picture required for coaching ID badge	

**Coach Certification
June 11, 2011**

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, the Coach Certification and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, Texas Judo Inc, and the North Texas Judokai, 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., United States Judo Federation, United States Judo Association, Texas Judo Inc, and the North Texas Judokai, 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 herein 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.

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. 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, I have obtained the required consent of my Parent/Guardian as evidenced by their signature below.

Participant's Printed Name

Participant's Signature

Date

USA Judo Membership Number _____ Expiration Date _____

Home Address _____

Email _____

Telephone _____