The Coach Certification Clinic @ the University of Hawaii
Sanctioned by USA Judo

Schedule: Saturday, September 14, 2013
Check-In and Clinic Registration  12:30 am – 1:00 pm
Clinic Session  1:00 pm – 6:00 pm

Site: University of Hawaii, Hemenway 208
Campus Map: http://www2.hawaii.edu/~judo/JUDOMAPDownload.pdf

Contact: S. Taniguchi (Main Contact at Judo@UH)
Judo@hawaii.edu
808-221-9025

Clinician: Derrick S. Kerr, M.A., M.Ed., PPS, 6 Dan
USA Judo International Gold Certification

Host: Judo Club/Team at the University of Hawaii (Judo@UH)
www2.hawaii.edu/~judo

Entry Form: https://docs.google.com/forms/d/1pDp_bSqpKFW8pg6v4_amAkURKGUH4U1XoViZJKU1rY/viewform

What to Bring: Judo Uniform.
Valid USA Judo, USJF, and/or USJA membership card must be presented at the registration.
For those re-certifying or wish to be considered for a level upgrade must fill out a Coaching Certification New/Renewal form.
All coaches must have passed background screening for coaching certification.
Related Forms can be found at USA Judo website
http://www.teamusa.org/Home/USA%20Judo/Forms/Coach%20and%20Manager%20Forms

Clinic Fee: Free **Note: It does not including Coaching Certification Fees**

*Senior Brown Belts (3 Kyu or above) can apply for State Level Coaching Certification. As for all Coach Certifications, the individual must be at least 18 years of age and pass the required background screen.

Judo Club/Team at the University of Hawaii (Judo@UH)
Website: www2.hawaii.edu/~judo
Email: Judo@hawaii.edu
Phone: (808)221-9025

The “Judo Club/Team at the University of Hawaii” is a Registered Independent Organization (RIO) of the University of Hawaii at Manoa. The club/team is open to registered students or affiliates of the University of Hawaii at Manoa. Although this RIO has members who are University of Hawai’i at Manoa students, faculty, or employees, the RIO is independent of the University which is not responsible for the RIO’s contracts, acts or omissions.
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Online Entry Form
https://docs.google.com/forms/d/1pDp_bSqoKWF8pg6v4_amAkURKGUH4U1XoVtZJKU1rY/viewform

Paper Entry Form
Clinic Fee: Free

**All Judo membership, coaching certification, background screening fee are separate**

Name ____________________________________________

Address ____________________________________________

__________________________________________________

Home Phone ___________ Email Address ________________

Rank ______________ Club ____________________________

USA Judo Card Number __________________ Expiration Date ______

Other Judo Membership

USJF Card Number __________________________ Expiration Date ______

USJA Card Number __________________________ Expiration Date ______

Current Coach Level ____________________________

18 years older? Yes No (Circle One)

All participants need following for the USA Judo Certification.

1. USA Judo card (You may register online at https://webpoint.usjudo.org/wp membreships/join.wp)
2. If your are already a certified Judo Coach, bring any copies of your Judo Coach certificates and/or your past Judo Coach ID card to the clinic.
3. Check for USA Judo Coach Certification ($70.00) and background screening fee ($16.00) if needed. USA Judo Background screening forms are available at USA Judo website. USA Judo does not perform the background screening, so a separate check is required for this service.
4. A complete Judo uniform.
5. All those wishing to be certified or upgraded as a USA Judo Coach will be required to fill a separate USA Judo Coach Form. Please bring a passport size photo to get a USA Judo Coach ID Card. DO NOT STAPLE PHOTO!
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 Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Judo Club/Team at the University of Hawaii, and the University of Hawaii, 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 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 Federation, Inc., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Judo Club/Team at the University of Hawaii, and the University of Hawaii, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 HAVE GIVEN 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.

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child’s 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.

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<th>Participant</th>
<th>Participant’s Signature</th>
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FOR PARENTS/Legal GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

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