

Coach Certification & Referee Update Clinic

February 16, 2019

Location: Toshi Budokai

118 Holmes Street #404 Quincy, MA 02171

Clinic begins at 10:00am (until 3:00pm)

Phone: (617) 686-6406

The clinic has two components: a coach certification session and a referee update session included. Topics include: how to teach a physical skill, managing/establishing a judo club, promotion/referee certification process, expectations of being a coach/instructor, and much more. **Age/rank requirements** (minimum): 17 years old and Sankyu. Everyone is welcome to attend but you **MUST be a MEMBER of the USJA in order to become certified as a USJA Coach.**

There is no fee for the clinic. Bring your own lunch. **Bring your judo gi** – coach certification will have an on-mat session.

The clinic (10am to 3pm) will be conducted by a local team of certified instructors and will focus on Levels 1 & 2 of the USJA's Coaching Certification Program. Successful completion of this clinic will satisfy the USJA Requirements for coach certification or renewal. USJA Coaches are recognized by the USJF and USA Judo. Signed Coach Application Forms will be distributed at end of the clinic. Then you will then send the signed Coach Application form, with all required documents that are listed on the Coach Application form, with the USJA's certification fee to the USJA office to complete your USJA coach certification process.

Referee Update will be conducted by Miki Takemori. Coach certification will be conducted by Bill Sherwin and Rob Reilly.

REGISTRATION FORM

Step 1: There is limited seating space and mat area so please pre-register by sending email to: send email to: Rob Reilly reilly@media.mit.edu and Bill Sherwin (bilncris2@verizon.net),

Step 2: complete all parts of this document (registration form, the waiver, and, if necessary, the USJA Application for Certification) and bring those with you. **NO NEED TO SEND THE ENTIRE DOCUMENT VIA EMAIL AS PART OF THE PRE-REGISTRATION PROCESS – JUST COMPLETE IT AND BRING IT WITH YOU** (forms will be available on-site).

Your Name: _____
first/last

Your Birth Date: ____ / ____ / ____ Age: ____ Dojo / Club: _____

Your mailing address: _____
Street / City / State / Zip Code

Phone: (____) _____ Email Address _____

Check One: New Coach Upgrading to Level 2 Renewing Current Coach Certification Observing

Current Coach Level (if any): Coach level _____ Issued by: USJA USJF USA Judo

Belt Rank: _____ Awarded By: USJA USJF USA Judo Other _____

Do you have a disability that is recognized by the Americans with Disabilities Act? Yes No

Type of disability: Vision Loss/Blindness Hearing loss/Deafness Other _____

Type of assistance/accommodation requested or name of person assisting & contact info

Emergency Contact: Their Name & Address: _____

_____ Their Phone Number: (____) _____

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc., the clinic instructors, Sen-I Judo Club or Toshi Budokai**, I agree and affirm that:

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 Association, Inc., United States Judo Federation, Inc., and USA Judo/United States Judo, Inc.**, 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.

Participant Participant’s Signature

Date

FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

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.

Parent/Legal Guardian Parent/Legal Guardian’s Signature

Date



UNITED STATES JUDO ASSOCIATION

Application for Coach Certification

2059 Merrick Rd. # 313 Merrick, NY 11566
Telephone: (516) 366-3311 • Fax (888) 276-3432
Website: www.usja.net • Email: support@usja.net

Section 1: Information and Instructions

- Candidates must complete Sections 2-3 of this form. Please print clearly.
- Approved course instructor must complete Section 4 for initial certification or recertification.
- Current Background Screening Check is required. www.usja.net/staff/forms/69/document/download
- Completion of USOC SafeSport program is required: www.safesport.org
- Completion of CDC HeadsUp Training Course is required: www.cdc.gov/headsup/youthsports/training/index.html
- Submit certificates of completion for SafeSport and HeadsUp training and proof of current background check with this application.
- Mail this form and \$70 to USJA. If Coaching Badge is needed include a passport size .jpg photo and \$25.
- For further information on the USJA Coach Education Program visit the USJA website.
- In order to receive and maintain coach certification USJA annual or sustaining life membership must be in force, along with a current background screen. Coach certification becomes invalid at the time any of these requirements are not met.

Section 2: Applicant Information

Name _____ USJA Membership # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Primary Phone _____ Email _____

Name of Club _____ USJA Club # _____

Rank _____ Issued by _____ Date of Rank _____

Form of Payment: Check Visa MasterCard Discover Make check payable to USJA

Credit Card Number _____ Expiration Date _____ Coach Badge Requested

Authorized Signature _____ Printed Name _____

Section 3: Coaching History

Name of Club/School/Team	Dates: From – To
_____	_____
_____	_____
_____	_____

Current Coach Certification: Level _____ Organization _____ Expiration Date _____

Section 4: Course Completion and Approval (To be completed by approved course instructor)

Date of Certification Clinic: _____

NOTE: Initial certification at any level and Recertification require attendance at a clinic for the level of certification sought.

Initial Certification Renewal of certification Recertification

This candidate has been approved for certification at level: 1 2 3

Signature of Approved Course Instructor

Printed Name of Course Instructor