



KATA CLINIC AND CERTIFICATION

September 10-12, 2010



<p>CERTIFICATION: Through <u>USJI and USJF</u></p> <p>Nage no Kata, Katame no Kata Ju no Kata, Goshin Jitsu, Kime no Kata, Itsutsu no Kata and Koshiki no Kata</p>	<p>ELIGIBILITY : Participants at clinic must be members of USJI, USJF or USJA. Candidates who are applying for kata judge certification with either USJI or USJF must be members of the respective organization. USJI, USJA or USJF memberships may be purchased online (Preferred) or at the clinic.</p>		
<p>LOCATION: Welcome Mat Judo Club</p> <p>The use of the gym or dojo will depend on registration numbers. Both locations are at the same building in Fond du Lac, WI.</p> <p>Gym Entrance: 26 E. Arndt Street Dojo Entrance: 31 E. Follett Street</p> <p style="text-align: center;">Fond du Lac, WI 54935 Dojo: (920) 921 – 9991 Clinic Mobile: (920) 570-0554</p>	<p>CLINIC FEE: Fee covers one day or all three days. Pre-Registration: \$35.00 Day of: \$50.00 Check Payable to: <u>Welcome Mat Judo</u></p> <p>Pre-Registrations should be post-marked by September 1, 2010 and mailed to Matt Carpenter at the address below.</p> <p><u>TESTING FEES</u></p> <p>USJI Testing Fee & Certification Fee: \$ 25.00</p> <p>USJF Testing Fee: \$ 10.00 Certification Fee: Class A-\$20.00, Class B-\$15.00, Class C-\$10.00</p>		
<p>HEAD CLINICIAN: <u>Sensei Eiko Shepherd 7th Dan</u> USJI & USJF Class A Judge</p> <p>USJF Kata Chairperson</p> <p>World Master Kata Chairperson</p> <p>Member of CJBBA</p>	<p>CLINIC INFO and CONTACTS: http://www.judofdl.com/wmkata2010</p> <p>Please contact with any questions or concerns.</p> <table border="0"> <tr> <td><u>Matthew J. Carpenter</u> 1726 Oriole Street New London, WI 54961 Cell: (920)-570-0554 mcarpenter6@charter.net</td> <td><u>Eiko Shepherd</u> Home: 618-875-2558 Fax: 618-875-1617 Cell: 618-781-5157 eikojudo@wisperhome.com</td> </tr> </table>	<u>Matthew J. Carpenter</u> 1726 Oriole Street New London, WI 54961 Cell: (920)-570-0554 mcarpenter6@charter.net	<u>Eiko Shepherd</u> Home: 618-875-2558 Fax: 618-875-1617 Cell: 618-781-5157 eikojudo@wisperhome.com
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<p>SCHEDULE:</p> <p><u>Friday, September 10</u> Registration - 6:30 to 7:00 PM Work Out -7:00 to 9:00PM Seiryoku-Zenyo-Kokumin –Taiku (Solo exercise) OPEN Kata Work Out</p> <p><u>Saturday, September 11</u> Registration - 8:30 to 9:00 AM Session 1 - 9:00 to 12:00 noon Lunch Break -12:00 to 1:30 PM Session 2 - 1:30 to 5:00 PM Katas covered in Session 1 and 2 will be determined by the preferences expressed in the registrations.</p> <p><u>Sunday, September 12</u> Written Test - 9:00 AM to 12:00 PM Demonstration – 12:00 PM to 3:00 PM</p>	<p>OTHER INFO:</p> <p><u>LUNCHES</u> Sandwiches will be available for take-out purchase from Jimmy Johns on both Saturday and Sunday. Please indicate choices at registration and we will arrange for pick-up and delivery.</p> <p><u>AREA INFORMATION</u> Area information may be found at: http://www.fdl.com</p> <p>For your lodging needs please consider using: Holiday Inn and Holidrome 625 Rolling Meadows Dr. Fond du Lac, WI Toll-Free: 1-800-HOLIDAY (465-4329) Local: 1-920-923-1440</p> <p>See http://www.judofdl.com for special room rates if reserved by September 1.</p>		

**WELCOME MAT 2010 CERTIFICATION AND KATA CLINIC
REGISTRATION FORM AND WAIVER
SEPTEMBER 10-12, 2010**

For official use only. Do NOT write in this box! Paid: _____ Membership Ins. Verified: _____

First Name: _____

Last Name: _____

Judo Club: _____ Instructor: _____

Write the letter next to each kata that indicates your experience (B=Beginner,I=Intermediate,A=Advanced):

Nage _____ Katame _____ Ju _____ Goshin Jitsu _____ Kime _____ Koshiki _____ Itsutsu _____

Write a number next to each kata that indicates your order of preference for instruction (1-7):

Nage _____ Katame _____ Ju _____ Goshin Jitsu _____ Kime _____ Koshiki _____ Itsutsu _____

Mark the katas that you would like to be certified in using a F (USJF) or I (USJI):

Nage _____ Katame _____ Ju _____ Goshin Jitsu _____ Kime _____ Koshiki _____ Itsutsu _____

Phone: _____ Email address: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Birth Date: _____ Rank: _____ Nat. Org. Member ID: _____ Card expiration: _____
(USJI, USJF, USJA, etc)

Emergency Contact: _____

Phone: _____ Relationship: _____

WARNING!

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 of the United States Judo, Inc., United States Judo Federation, United States Judo Association, the Fond du Lac School District Recreation Department, Fond du Lac Parks Department, Wisconsin Judo Inc., Fond du Lac Learning Center, LLC and Welcome Mat Judo, I hereby:

- Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
- 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 or supervisor of such condition(s) and refuse to participate.
- 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 action, inaction 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.
- Knowing the rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
- Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, 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, guardian(s), 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 "releasees", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees 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 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (please print 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 (please print name) _____ Parent/Guardian Signature _____ Date _____