

# **PSJA Round Robin Judo Clinic**

## **June 19 and 20, (Sat & Sun) San Marcos CA**

**This is your chance to learn from some of the finest Judo Coaches in Southern Ca. We will arrange students by skill groups so that each group is instructed at appropriate level. We want to make this fun for everyone.**

**For this to work we need lots of students so we have kept the cost low. Bring all your buddies. The clinic will be two days but feel free to attend only one and if you dare both**

**You must be an active member of USJA, USJF or USAJudo and provide proof at the door so bring your card. Membership will be available on site.**

**Cost: advance and paid by June 12, \$15 one day \$20 both days. Two students in same family, \$10 one day \$15 both days (each student). Coaches free if helping. June 13 or after add \$5 each day. More than two in same family contact Walter Dean**

**Session: Sat 8:-9:00am sign in\*. Clinic starts 9:30.**

**Lunch break, 12:30-1:15. Afternoon 1:30 – 4:30pm**

**Sunday 8:30- 9:00 sign in\*. Clinic starts 9:30.**

**lunch break 12:30-1:15. Afternoon 1:30 – 4:00pm**

- Please bring Judo card we have no way to check
- Bring your lunch

**Location:** San Jiu Jitsu and Judo Academy 340 Rancheros Dr San Marcos CA 760 752 1445. Suite 292 this is on north side of route 78 Twin Oaks Valley Rd exit. In rear and second row of buildings. **This is a great modern and facility**

**We need volunteer Coaches please call**

**Sanctioned by USJF #10-06-17**

Walter Dean 760 944 9486 [WDean9D@sbcglobal.net](mailto:WDean9D@sbcglobal.net)

Paulo Augusto 760 518 0901 760 752 1445 [info@sdjj.com](mailto:info@sdjj.com)

Final

PSJA Round Robin Judo Clinic  
June 19, 20 2010 San Marcos CA

Clinic Entry Form

Please fill out all blanks. Print or type. Use pen and be sure to sign

Name Print \_\_\_\_\_ Judo Rank \_\_\_\_\_ How many yrs in judo \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Tel# \_\_\_\_\_

Judo Member \_\_\_\_\_ Member # \_\_\_\_\_ Date Expires \_\_\_\_\_ Verified \_\_\_\_\_ By who? \_\_\_\_\_

USJA,USJF,UASJudo

Club \_\_\_\_\_ Coach \_\_\_\_\_ How many days a wk do you practice \_\_\_\_\_

++++  
Emergency contact: \_\_\_\_\_

Name print \_\_\_\_\_ Relationship \_\_\_\_\_ Tel: Area code/number \_\_\_\_\_ Backup Tel: Area code/number \_\_\_\_\_

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Dates attending circle Jun 19 Sat Jun 20 Sun Both \_\_\_\_\_ Fee One day Both days Amt Paid \_\_\_\_\_

I have signed and understand the waiver. I am an active judo student or coach.

My experience level is circle Beginner Intermediate Advanced Student Coach

Is there any medical condition we should be aware of?

\_\_\_\_\_  
The information above is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions please call

Walter Dean 760 944 9486 WDean9D@sbcglobal.net

Paulo Augusto 760 518 0901 760 752 1445 [info@sdjj.com](mailto:info@sdjj.com)

**WARNING!**

Final

**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., Pacific Southwest Judo Yudanshakai, Inc., San Diego Jiu Jitsu & Judo Academy, La Costa Judo, Walter Dean, and Paulo Augusto, all unnamed coaches assisting** 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., Pacific Southwest Judo Yudanshakai, Inc., San Diego Jiu Jitsu & Judo Academy, La Costa Judo, unnamed coaches, Walter Dean, and Paulo Augusto**, 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  
Form 506 V6.0.0, 090818