

Pacific Southwest Judo Association

WILL BE HOSTING CLINICS AND JUDGE CERTIFICATION

TO BE GIVEN BY: EIKO Shepherd, 7th Dan

Itsutsu No Kata – Friday, January 30, 2015 6 PM TO 9 PM

San Shi Dojo, 150 Cedar Road, Vista. CA 92083

Koshiki No Kata – Saturday, January 31, 2015 10 a.m. to 4 p.m.

(For people planning to take Judge Certification and other interested judoka)

4:30 p.m. to 6:30 p.m.

San Shi Dojo, 150 Cedar Road, Vista. CA 92083

and

Goshin Jutsu – Sunday, February 1, 2015 9 a.m. to 1 p.m.

San Diego Judo School

3350 Sports Arena Blvd, #H2 SD, CA 92110

Clinic Fees: Postmark or received by January 22, 2015 - One Clinic \$20.00 Two Clinics \$30.00 Three Clinics \$40.00

At the door: One Clinic \$25.00 Two Clinics \$45.00 Three Clinics \$65.00

For Additional information please contact Bruce Knight via email at ukemi7@outlook.com or Phone (619) 368-9812 or Eva McCatty at EVAjudo@aol.com or Phone (619) 283-1872

Eligibility: These activities are open to all current members of United States Judo Federation, USA Judo, and United States Judo Association (Participants must show proof of Membership)

Note: These are advance Kodokan Kata and are recommend for Judoka ages 13 and above.

PACIFIC SOUTHWEST JUDO ASSOCIATION

For pre-registration, circle the session(s) you will be attending, include a check for the appropriate clinic(s) fee(s) and mail to:

Itsutsu no Kata-Jan30, 2015 Koshiki no Kata-Jan 31, 2015 Goshin Jutsu-Feb 1, 2015

Kata Clinics
c/o Bruce Knight
12165 Cimbria Way
Lakeside, CA 92040

REGISTRATION FORM

Please print legibly

Name _____ Date of Birth ____/____/____
M D Y

Sex _____ Phone (____) _____ e-mail address _____

Street _____ City _____

State _____ Zip _____

Judo Rank _____ Club _____

Instructor _____ Judo Rank _____

USJF No. _____ USJI No. _____ USA Judo No. _____

Expiration date of membership: ____/____/____

Yudanshakai _____

In case of emergency contact:

Name _____ Relationship _____

Address _____

Street _____ City _____ State _____ Zip _____

Phone (____) _____

Disability or Special Assistance

If assistance/accommodation is needed (check off appropriate item):

____ Vision Loss/Blindness ____ Hearing Loss/Deafness ____ Other: Specify _____

Please specify the type of assistance/accommodation requested or name of person assisting:

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., Pacific Southwest Judo Association, Inc., California Judo, Inc., San Diego Judo School, and the Japanese American Cultural Center of Vista**, 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 Association, Inc., California Judo, Inc., San Diego Judo School, and the Japanese American Cultural Center of Vista**, 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