

# ***2015 Super Skills Series- “Nanka Legends” Clinic***

Sponsored by USJF/Nanka Development Committee

USJF Sanction # 15-04-16

## **What Is It?**

Throughout the history of Judo in the United States, Nanka Yudanshakai (So. Cal) has been home to numerous National and International Champions, Pioneers....LEGENDS. Many have passed on, but a very large percentage are still around and *very* active. So many of us just call them “sensei”, and acknowledge them at practice, or at various judo events. Few truly realize what a tremendous wealth of judo knowledge each one holds. Here’s a rare, great chance to learn from 3 of Nanka’s all-time best...at the same clinic!

## **When and Where?**

**Saturday, April 18, 2015**

**10 AM to 1 PM**

**San Fernando Valley Judo Club**

**12953 Branford Street. Pacoima, CA 91331**

## **Who Is Teaching?**

**Toshiyuki Seino, 7-Dan, Gardena Judo Club**

4-time AAU National Champion (1960, 1961, 1963, 1965)

Pan American Champion, 1963

Olympic Team Alternate, 1964

**Hayward Nishioka, 8-Dan**

3-time AAU National Champion (1965, 1966, 1970)

AAU National Grand Champion, 1965

Pan American Champion, 1967

5<sup>th</sup> Place, World Championships, 1967

**Masao Fukuma, 7-Dan, Head Sensei, Norwalk Judo Dojo**

Kanagawa-ken Team Member, 1965 All-Japan Team Tournament

2<sup>nd</sup> Place, 1968 South Pacific AAU Championships

1<sup>st</sup> Place, 1970 South Pacific AAU Championships

Grand Champion, 1970 South Pacific AAU Championships

## **Who Can Attend?**

EVERYONE who is a member of USJF, USJA, or USA Judo (MUST PRESENT CARD)

## **How Much Is It?**

**\$25 per person.** Make checks payable to NANKA. LUNCH INCLUDED

FOR ADDITIONAL INFORMATION CONTACT:

Jason Uno, Development Chairman

Phone: 323-793-2151 Email: [sadaomi@aol.com](mailto:sadaomi@aol.com)

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Must be current members of USJF, USA Judo, or USJA

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Dojo / Club: \_\_\_\_\_  
Last / First

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_ Rank / Color Belt: \_\_\_\_\_

Address: \_\_\_\_\_  
Street / City / State / Zip Code

Email Address: \_\_\_\_\_

Main Phone:( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone:( \_\_\_\_\_ ) \_\_\_\_\_

USJF# \_\_\_\_\_ USA Judo# \_\_\_\_\_ USJA# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
Street / City / State / Zip Code

If assistance/accommodation is needed (check appropriate box):

Vision Loss/Blindness

Hearing Loss/Deafness

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., Nanka Judo Yudanshakai, Inc., Valley Judo Institute, and the San Fernando Valley Judo Club**, 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., Nanka Judo Yudanshakai, Inc., Valley Judo Institute, and the San Fernando Valley Judo Club**, 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