



USJA/USJF NATIONAL COACH CERTIFICATION CLINIC

Friday December 3, 2010

Sanctioned by the USJA

The USJA/USJF National Coaches Clinic will be lead by USJA Coaching Committee Chairman and Board Member, Bill Montgomery as well as Gerald Lafon. “Kelly’s Capers” a new innovative teaching system designed to retain new students will be presented by Joan Love, a *Capers’* certified instructor and USJA Vice President. This program has been in development for more than two years. It has been field tested at Cornell University’s Judo Club and has proven to be effective.

The Coaching Clinic will be conducted at Goltz Judo in Claremont. It includes mat and classroom sessions. Successful completion of this clinic will satisfy all of the USJA/USJF requirements for Coach Certification as well as maintenance for continuation of expired or expiring Coach Certification. Letters of Completion will be distributed at end of the clinic.

Date: Friday December 3rd

Times: 9:00 AM to 5:00 PM

Cost: \$50.00 per person payable to “Goltz Judo”. This includes lunch on Friday. The additional cost to obtain the USJA or JF Coaching Certificate is \$25.00 and the required background screen is \$16.00.

Location: Goltz Judo’s Dojo in the Alexander Hughes Community Center, 1700 Danbury Road, Claremont, CA 91711

Eligibility: All participants must be members of the USJA, USJF, or USA Judo

Schedule:

- **9:00 AM:** Registration
- **9:30 AM:** Classroom Session
- **10:00 AM to Noon:** Mat Session
- **Noon to 1:00 PM:** Lunch provided
- **1:00 PM to 3:30 PM:** Mat Session
- **3:30 PM to 5:00 PM:** Classroom Session

REGISTRATION FORM
USJA/USJF NATIONAL COACH CERTIFICATION CLINIC
Friday December 3, 2010

PLEASE PRINT OR TYPE ALL INFORMATION

Name: _____ **Sex:** ____ **Dojo / Club:** _____
Last, / First / MI

Check One: New National Coach: ____ **Renew National Coach Certification:** ____ **Observe:**

Birth date: ____ / ____ / ____ **Age:** ____

Address: _____
Street / City / State / Zip Code

Phone: (____) _____ **Email Address** _____

Organization (USJA, USJF or USA Judo) _____ **Member #** _____ **Exp Date** _____

Rank: _____ **Rank ID Number:** _____ **Awarded By:** _____

Current Coach Level: _____ **Coach #:** _____ **Organization:** _____

Emergency Contact: _____ **Phone:** (____) _____
Name

Address: _____
Street / City / State / Zip Code

The warning waiver and release of liability and agreement to participate which appears as part of this official entry form must be signed and turned in by all coaches prior to the start of the clinic.

Send completed application, warning waiver and release of liability and fees to:

USJA/USJF WINTER NATIONALS
Coach Certification Clinic
Attn: Tony Farah
3252 Robin Way
Pomona, CA 91767
(909) 596-8199 / (951) 288-5296 (cell)
tony@farahfamily.com

For More Information Contact:

Bill Montgomery
(860) 917-6318 (cell)
wmontgomery2@aol.com

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 OF THE UNITED STATES JUDO ASSOCIATION, UNITED STATES JUDO FEDERATION, USA JUDO, NANKA JUDO YUDANSHA-KAI, CALIFORNIA JUDO INC., THE CITY OF CLAREMONT, DAMIEN HIGH SCHOOL, NORWICH JUDO DOJO, BILL MONTGOMERY, JUDO AMERICA SAN DIEGO, GERALD LAFON, GOLTZ JUDO, AND GARY GOLTZ, I HEREBY:

- 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, USA Judo, Nanka Judo Yudanshakai, California Judo, Inc., The City of Claremont, Damien High School, Norwich Judo Dojo, Bill Montgomery, Judo America San Diego, Gerald Lafon, Goltz Judo, and Gary Goltz, 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.**

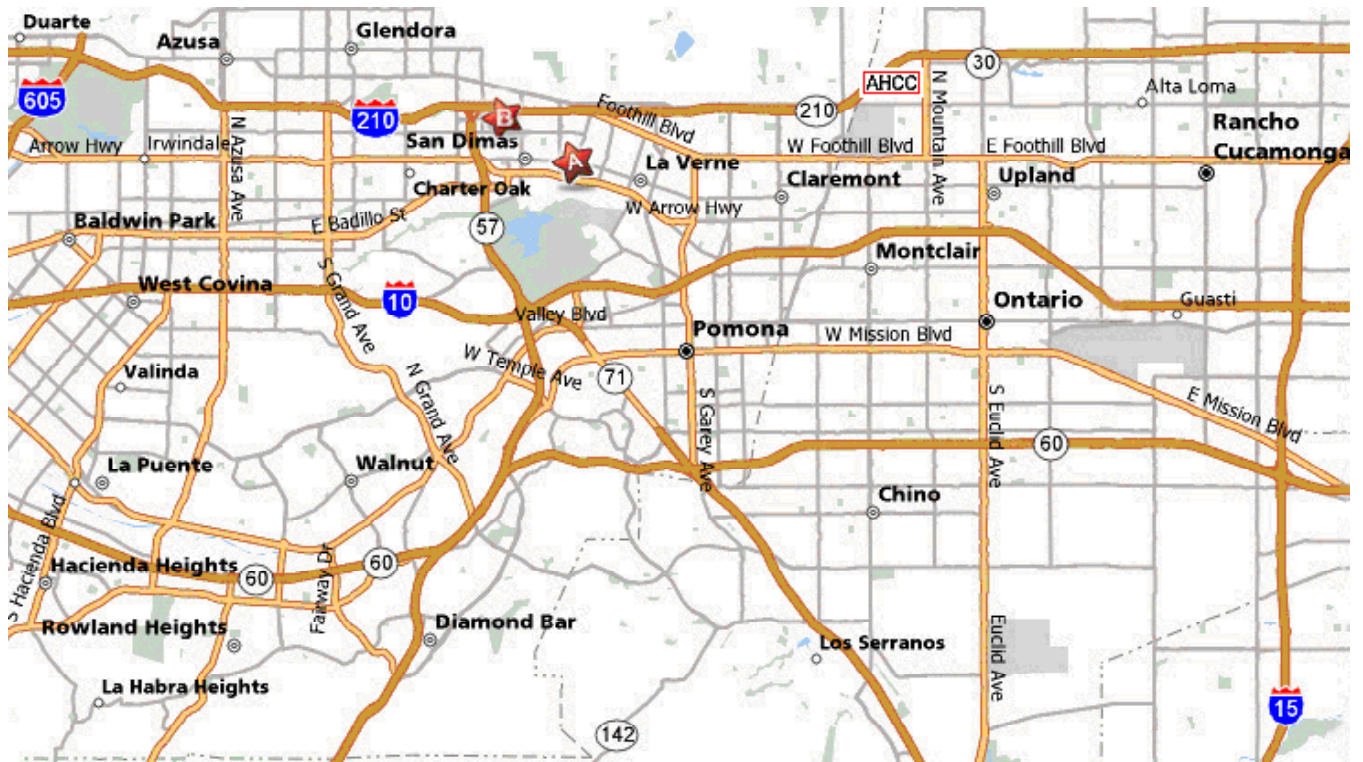
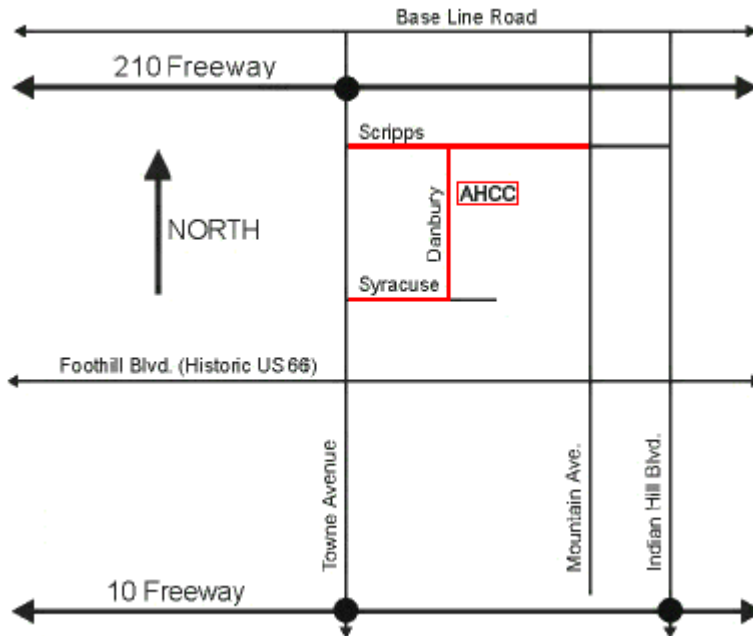
Participant: _____ Signature: _____ Date: _____
(Print Name)

FOR PARENTS /GUARDIANS OF PARTICIPANTS UNDER AGE 18 AT THE 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: _____ Signature: _____ Date: _____
(Print Name)

MAPS
Goltz Judo
Alexander Hughes Community Center
1700 Danbury Road
Claremont, CA 91711
(909) 399-5490



A
Damien High School
2280 Damien Ave.
La Verne, CA 91750

B
Red Roof Inn
204 N. Village Court
San Dimas, CA 91773