



# TECH JUDO



## USA JUDO COACHES CLINIC

CLINIC WILL BE CONDUCTED BY 2 TIME OLYMPIAN PAT BURRIS

DATE: SATURDAY, JANUARY 9<sup>TH</sup>

TIME: 1-5PM

PLACE: HUDSON COUNTY SCHOOLS OF TECHNOLOGY GYM

2100 85<sup>TH</sup> STREET

NORTH BERGEN, NJ 07047

CLINIC FEE: 30.00 PREREGISTERED

40.00 DAY OF CLINIC

USA JUDO FEES: 16.00 BACKGROUND CHECK

50.00 CERTIFICATION FEE

\*MUST HAVE A CURRENT USA JUDO MEMBERSHIP AND HOLD THE RANK OF SHODAN OR HIGHER.

\*ALL FORMS WILL BE AVAILABLE AT THE CLINIC

\*PARTICIPANTS WILL RECEIVE USA JUDO STATE LEVEL CERTIFICATION.

\*CERTIFICATION CAN BE RENEWED ANNUALLY WITHOUT ATTENDING ANOTHER CLINIC.

\*CERTIFICATION WILL ALLOW YOU ON THE FLOOR OF ALL USA JUDO EVENTS.

\*COACHING CERTIFICATION IS ESSENTIAL FOR ALL COACHES AND INSTRUCTORS WHO TEACH AT ANY LEVEL.

DON'T MISS THIS OPPORTUNITY!

FOR FURTHER INFORMATION CONTACT CLYDE WORTHEN

[CLYDEAPAJUDO@AOL.COM](mailto:CLYDEAPAJUDO@AOL.COM) OR 201 328-4055

# USA JUDO COACHES CLINIC REGISTRATION FORM

SANCTIONED BY USA JUDO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

JUDO RANK \_\_\_\_\_

PLEASE FILL OUT APPLICATION AND SIGN RELEASE FORM ON  
OTHER SIDE AND MAIL TO ADDRESS BELOW.

PRE REGISTRATION FEE: 30.00  
MAKE CHECKS PAYABLE TO HCST  
MAIL TO: TECH JUDO  
C/O HCST  
2100 85<sup>TH</sup> STREET  
NORTH BERGEN, NJ 07047

**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 Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hudson Judo Yudanshakai, Inc., Hudson County Schools of Technology, and the Tech Judo Club**, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. 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, supervisor, and/or a tournament official of such conditions and refuse to participate.
3. 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 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, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., United States Judo, Inc., United States Judo Association, Inc., Hudson Judo Yudanshakai, Inc., APA Judo Club, APA Transport, Hudson County Schools of Technology, and the Tech Judo Club**, together with 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, 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 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

\_\_\_\_\_  
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

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date