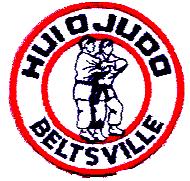




**Hui-O-Judo Beltsville  
Shufu Judo Yudanshakai  
United States Judo Federation**



## **Referee Clinic**

**All levels of referees should attend this clinic!!**

Sanctioned by: United States Judo Federation      Sanction number: 08-01-04

Clinician: Mr Joon Chi - IJF A referee  
USJF Referee Development and Certification Sub Committee Chairman  
North America and Central America PJU Commission Member  
2000 Olympic Games referee

Date: Saturday, 26 January 2008

Location: Beltsville Academic Center  
4300 Wicomico Avenue, Beltsville, Maryland

Registration: 8:30 – 9:00 AM  
Clinic hours: 9 am to 12 noon, lunch break 12-1, 1pm-4pm

Fee:            \$ 20.00            Pre register before January 18, 2008  
                  \$ 25.00            Register after January 18, 2008

Note: USJF/USJA/USJI Cards must be presented at registration

**Topics to be covered:**

All levels of refereeing -- discussion and practice of commands  
Live mat time for practice of protocols and signaling  
Scoring -- discussion and video review; including on-mat practice  
Proper call making, scoring criteria, scoring "live" throws and other actions  
Close calls for in bounds and out of bounds  
Rule changes plus review of video.  
\* \* Penalties

Other tricky issues in refereeing -- discussion and video review of  
such subjects as transition between ne waza and tachi waza, osaekomi  
criteria, gripping penalties.

New electronic scoreboard review and use

Visit our web site at <http://www.huiojudo.com>  
For more information contact Kevin Tamai 703-622-6861



# Shufu Yudanshakai Entry Form for January Referee Clinic

Cash/ check # \_\_\_\_\_

Amount: \_\_\_\_\_

Sanctioned by: United States Judo Federation sanction #: 08-01-04

Event Director: Kevin Tamai

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Club Name: \_\_\_\_\_

UJSI/USJF/USJA Number(Circle One): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*Only verified, current members will participate!\*\*\*

\*\*\*New and Renewal applications will be taken on site \*\*\*

Rank: \_\_\_\_\_ Sex: M F

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**Check Verification:** Name and address matches entry form and check: Yes No

Name and address match driver license: Yes No

Driver License State \_\_\_\_\_ Driver License Number \_\_\_\_\_ Expiration date: \_\_\_\_\_

Please mail the completed entry form liability waiver and payment to:

**Beltsville Community Center  
3900 Sellman Road  
Beltsville, Maryland 20705  
Attn: Judo Clinic – Kevin Tamai**

Payment may be made by CHECK, MONEY ORDER to M-NCPPC (Maryland National Capital Park and Planning Commission): Enclosed is a Check or Money Order for \$ \_\_\_\_\_.

**You MUST read and sign waiver on back of this form!!  
Entries will not be accepted without a completed & signed waiver!!**

**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., Shufu Judo Yudanshakai, Inc., Maryland Judo, Inc., Beltsville Community Center, Maryland National Capital Park and Planning Commission, Beltsville Academic Center, and the Hui-O-Judo Beltsville 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., Shufu Judo Yudanshakai, Inc., Maryland Judo, Inc., Beltsville Community Center, Maryland National Capital Park and Planning Commission, Beltsville Academic Center, and the Hui-O-Judo Beltsville 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