

USA Judo Coaches Education and Certification Clinic

Sponsored by: NY State Judo, Inc. and Starrett Judo

USA JUDO Sanction # _____

Date: Sunday, 31 October 2021

Place: Brooklyn Sports Club
1540 Van Sicken Ave Brooklyn, NY 11239

Clinic Directors: Parnel Legros, 6th Dan
legrosports@yahoo.com
914-420-5678
Devin P. Cohen, 5th Dan
judo@devincohen.com

- With Additional Distinguished Presenters

Entry Fee: Checks Payable to **New York State Judo, Inc.**
\$40.00 per person. Must be **received** by Wednesday, 27 October 2021,
by mail.
\$50.00 per person Late Registration in person on Sunday, 31 October
2021.
(Late Registrants must arrive at 09:00, Sharp.)

By mail: Mail application with entry fee to:
New York State Judo, Inc.
c/o Parnel Legros
P.O. Box 222
Hopewell Junction, NY 12533
Attn: Coaches Clinic 2021

To Attend: Must be a current member of one of the Following: USA JUDO, USJF, USJA, ATJA.

Eligibility for Certification:

For USA Judo Coach Certification, you must be a current [USA Judo member](#).

Before Certification is issued, you will also need:

[Current Background Screening](#)

[SafeSport Certificate](#)

[Concussion Training Certificate](#)

If you want to file your application for Coach Certification on Site:

Please bring a check payable to **USA Coach** for **\$70.00**, and a passport-style photo, if you don't have one on file. Both must be submitted with your application.

The form is here : [USA Judo Coaching Certification Application/Renewal](#)

(Note: Multi-year certification options are also available. See the USA Judo Coaches Application for full details.)

Coaches Clinic - Sunday, 31 October 2021

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Age: _____ Date of Birth: _____

Male Female Other

Rank: _____ Dan/Kyu Club(s): _____

Club's Head Coach/Instructor: _____

Coach's E-Mail (if different): _____

Membership:

(Circle as many as apply, but list one member #)

USA JUDO

USJF

USJA

ATJA

Membership ID Number: _____

Are you a current or previous USA Judo-Certified Coach?

If so, at what Level were you last certified? _____

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 USA Judo, USJA, USJF, ATJA, New York State Judo, Inc., Brooklyn Sports Club, Starrett City Associates, Starrett City Community Relations, Legrosports, Inc., Legrosports-Starrett, Clinic Directors, Clinic Organizers, Speakers, Presenters and Instructors, Clinic Staff of the 2021 USA Judo/NYSJI Coaches Education and Certification Clinic, 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, and any written or verbal instructions and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor and/or a Clinic official of such condition(s) 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 to not only my own actions, inactions or negligence, but also to the action, inaction 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 USA Judo, USJA, USJF, ATJA, New York State Judo, Inc., Clinic Directors, Clinic Organizers, Clinic Instructors Speakers and Presenters, Staff together with their affiliated clubs, Brooklyn Sports Club, Starrett City Associates, Starrett City Community Relations, Legrosports, Inc., Legrosports-Starrett, 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 to conduct the event, all of whom are hereinafter referred to as "releasee(s)," from any and all claims, demands, losses, and 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 releasee 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 (please print name)

Participant's Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER 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 warning and conditions and their ramifications.

Parent/Guardian (please print name)

Parent/Guardian's Signature

Date

CERTIFICATE REGARDING NON-BLACK BELT PARTICIPANTS

I _____, A judo instructor, who has been awarded the Judo rank of Shodan or higher, recognized by USA Judo, USJA and/or USJF hereby certify that the above participant, although not having been awarded the Judo rank of Shodan or higher, is of sufficient aptitude and skill in Judo to participate in this Clinic.

A copy of my proof of rank (rank certificate or my USA Judo membership card having the verification symbol “(V)” printed following my rank) is attached.

Signature of Judo Instructor

RANK