

APPLICATION/RENEWAL FORM FOR JUDGE CERTIFICATION

NAME (PRINT) _____ DATE OF BIRTH _____ RANK _____

ADDRESS _____ CITIZENSHIP _____

TELEPHONE NO _____ E-MAIL _____ USJI NO _____

EDUCATION _____ OCCUPATION _____

NAME OF YOUR DOJO _____ YEARS IN JUDO TRAINING _____

ADDRESS OF YOUR DOJO _____ CITY/ST/ZIP _____

NAME OF HEAD INSTRUCTOR _____ RANK _____

1. KATA TEACHING EXPERIENCE (continues on reverse side or attach list)

from to Capacities (duties) Dojo/Clinic City/State

2. KATA COACHING EXPERIENCE (continue on reverse side or attach list)

from to Name of teams/students/dojo/state teams Type of kata(national/regional/local)

3. KATA COMPETITION RECORD & RESULTS (continue on reverse side or attach list)

Date Event Type of kata(national/regional/local) Results

4. NATIONAL/REGIONAL KATA CLINIC ATTENDED/CONDUCTED (continue to reverse side or attach list)

Date Clinic Name/Kata Place (city/state) Instructor(s)

5. USJI-NATIONAL KATA JUDGES CERTIFICATION/CLINIC ATTENDED (continue on reverse side or attach list)

Date Clinic Name/Kata Place (city/state) Class A Judges Names

6. TYPE OF USJI KATA JUDGES CERTIFICATION IN APPLICATION (check A/B/C & circle kata category)

Class A ___ National Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

Class B ___ Regional Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

Class C ___ Local Kata Judge Nage Katame Ju Goshinjutsu Kime Koshiki Itsutsu

(The certificate are the possession of United State Judo, Inc. and the license are issued under its authority)

FEES (non-refundable)

Make check payable to: **UNITED STATES JUDO, INC.**

TESTING FEE TEN DOLLARS (\$10.00) PER KATA

CERTIFICATION FEE: FIFTEEN DOLLARS (\$15.00) FOR EACH KATA CATEGORY.

RENUWAL FEE: -4 years FORTY DOLLARS (\$40.00) PER PERSON.

Complete the APPLICATION/RENUWAL FORM and appropriate payment.

Send to KUNIKO TAKEUCHI, 3304 WRIGHT STREET. SACRAMENTO, CA. 95821

SIGNATURE OF APPLICANT

DATE

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, The National Kata Clinic and Judges Certification Test, and related events and activities of United States Judo, Inc. (dba USA Judo), United States Judo Federation, United States Judo Association, and Red Lion Hanalei Hotel, 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 to not only 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, Inc. (dba USA Judo), United States Judo Federation, United States Judo Association, and Red Lion Hanalei Hotel, 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 to conduct the event, all of whom are hereinafter referred to as "releasee", from any and all claims, demands, losses, or damages on account of injury, including permanent disability and death and 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 RISK 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 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 (please print name)

Parent/Guardian's Signature

Date