

WI Judo Referees Clinic

Date: Saturday, October 15th, 2011 starting at 9am

Location: Welcome Mat Judo Club, 26 E. Arndt St., Old St. Patrick's School Gymnasium, Fond du Lac WI

Registration: Complete form and bring to clinic.

Instructors: Tim Feest, Mark Frankel, David Malek, Dennis Staral

Summary: The clinic will consist of two sections, classroom and practical. The practical section will be run as a Novice Tournament starting at 1pm. This is the perfect opportunity for players to learn the in and outs of refereeing a match.

Schedule:	8:00a - 9:00a	Clinic Registration and setup
	9:00a - 12:00p	On-Mat and Mat-side Work
	12:00p - 1:00p	Lunch break and tournament setup
	12:00p - 12:30p	Tournament Registration
	1:00p - ???	Novice Tournament

Tentative Classroom Agenda:

- Go through the Rule Book - Highlighting items that Beginning Referees (and Judges) should initially be aware of.
- Osaekomi - What is/is not a mat hold? Demonstration
- Gestures - Consistency is key. Demonstration
- Low/Rolling Kata Guruma -- A Score? OR - Just a nice take-down for mat work? Demonstration.
- Kawazu-gake - Head Dives, Demonstration.
- Article 26 (Prohibited Acts and Penalties).
- Article 28 (Injury, Illness or Accident)
- Post 2003 Rules or modifications
- Rules
 - Dynamic Edge Rule.
 - Gripping - Interpretation on when to penalize, Demonstrate.
- Post Olympic Issues.
- Many Other Issues as time permits.

Practical: Each participant will referee matches at the Novice Tournament with an experienced, teaching referee backing them up. Matches will be run so that the referee can gain confidence and experience in real-world situations. Play may be stopped and calls explained by the teaching referee, allowing the participants time to absorb the call at issue.

FALL 2033 NEW REFEREE CLINIC REGISTRATION FORM AND WAIVER

For official use only. Do NOT write in this box!

Paid: Referee Clinic _____ Membership Ins. Verified: _____

First Name: _____

Last Name: _____

Judo Club: _____

Home Address: _____

City: _____ State/Prov: _____ Zip/Postal Code: _____

Birthdate: _____ Rank: _____

National Org: _____ ID#: _____ Card expiration: _____
(USJI, USJF, USJA, etc)

Email address: _____

WARNING!

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, Inc., United States Judo Federation, United States Judo Association, the Fond du Lac School District Recreation Department, Fond du Lac Parks Department, Fond du Lac Learning Center LLC, Wisconsin Judo Inc. and Welcome Mat Judo, I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
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 or supervisor 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 rules involved in the sport of Judo, I assume that risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive and discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, United States Judo Association, 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, guardian(s), 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 "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 (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 Signature

Date