



**Hui-O Judo Beltsville
Shufu Judo Yudanshakai**



Nage No Kata Clinic

Sunday, March 13, 2011

Sanctioned by : United States Judo Federation Sanction # 11-03-07

Site: Beltsville Academic Center
4300 Wicomico Avenue
Beltsville, Maryland

Clinician: Noboru Saito

Organized by: Karen Whilden, Godan, Hui-O-Judo Beltsville, Shufu Yudanshakai Kata Development
Chairperson, Level A Judge, Kata instructor certified

Event Director: Kevin Tamai, Godan, Hui-O-Judo Beltsville

Schedule:

8:00 - 9:00	Registration
9:00 - 12:00	Clinic
12:00 - 1:00	Lunch break
1:00 - 5:00	Clinic

Fees: Register before February 26, 2011 \$ 25.00

Register after February 26, 2011 \$ 35.00

Payment may be made by CHECK or MONEY ORDER to **MNCPPC**. You **MUST** include your name, complete address, phone number, driver license number, state of issue and name of the participant on the check.

Mail entry form, signed waiver and entry fee to:

Kevin Tamai, Nage No Kata Clinic, 2973 Fox Tail Court Woodbridge, VA 22192

Eligibility to compete:

All Judoka, Sankyu and above, with a current USJI, USJF or USJA membership card will be eligible to take part in this clinic. USJF and USJI membership can be applied for during registration. There will be no refunds of the entry fee.

Information: For more information: On the clinic, contact Karen Whilden by email at rock913@cox.net or at 703-938-7238 (home). For logistical information contact Kevin Tamai at 703-497-1530 (home) or 703-622-6861 (cell).

Nage-No-Kata (forms of throws)

Nage No Kata is a set form of highly formalized throwing techniques. It consists of five sets of three throws. Each throw is performed both left and right side.

Te Waza - Hand Techniques

- Uki Otoshi - floating drop
- Ippon Seio Nage - one arm shoulder throw
- Kata Guruma - shoulder wheel

Koshi Waza - Hip Techniques

- Uki Goshi - floating hip
- Harai Goshi – hip sweep
- Tsurikomi Goshi - lifting pulling hip

Ashi Waza - Ankle Techniques

- Okuri Ashi Barai – sliding foot sweep
- Sasae Tsurikomi Ashi - forward lift pulling ankle
- Uchi Mata - inner thigh

Ma Sutemi Waza - Sacrifice Techniques

- Tomoe Nage - stomach throw
- Ura Nage - back throw
- Sumi Gaeshi - corner twist throw

Yoko Sutemi Waza - Side sacrifice Techniques

- Yoko Gake - side hook
- Yoko Guruma - side wheel
- Uki Waza – side drop

Shufu Judo Yudanshakai
Nage No Kata Clinic
Entry Form

Sanctioned by: United States Judo Federation # 11-03-07

Payment: Cash/Check/MO
Check # _____

Clinic Director: Kevin S. Tamai

Amount: _____

Clinic Instructor: Noboru Saito and Karen Whilden

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone Number: (H) _____ - _____ - _____ (W) _____ - _____ - _____

Email: _____

Age: _____ Date of birth: ____/____/____ Sex: M F

Club Name: _____

USJI/USJF/USJA Number(Circle One): _____ Expiration Date: ____/____/____

NOTE: New and Renewal applications will be taken on site.

Rank: _____

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Enclosed is a Check or Money Order for \$_____.

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

You MUST read and sign the waiver.
Entries will not be accepted without a 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 (“Activity”) of the **United States Judo Federation, Inc., USA Judo/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 Club**, I agree:

1. I understand the nature of Judo activities and believe I am qualified to participate in such Activity. I also understand the rules governing the sport of Judo.

2. I further acknowledge 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. I acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, illness or disease, 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, illness, disease, permanent disability, or death.

5. I hereby release, waive, discharge and covenant not to sue the **United States Judo Federation, Inc., USA Judo/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 Club**, together with their affiliated clubs, their respective administrators, directors, officers, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, legal 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 litigation expenses, attorney fees, loss, liability, damage or costs on account of injury, illness, disease, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligent acts or omissions of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. 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/LEGAL GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Participant

Participant’s Signature

Date

**FOR PARENTS/LEGAL GUARDIANS OF PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/legal 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 including litigation expenses, attorney fees, loss, liability, damage or costs which may incur as the result of the minor child’s 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/Legal Guardian

Parent/Legal Guardian’s Signature

Date