



Shufu Judo Yudanshakai
and
Hui-O-Judo Beltsville



Kime No Kata Clinic

Sanctioned by: United States Judo Federation Sanction Number: 12-05-05
Event Director: Kevin Tamai
Clinician: Peggy Whilden, Frances Glaze, Karen Whilden
Date: Sunday, 6 May 2012

Location: Beltsville Community Center, 3900 Sellman Road, Beltsville, Maryland

Registration: 8:30 AM
Clinic: 9:00am to 12:00, lunch break from 12-1, clinic from 1 - 4:00pm
Fee: Pre-register before April 27 is \$ 25.00 Onsite fee is \$35

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

Clinician Peggy Whilden - Here is your opportunity to work with a kata competitor and judge with international and national experience. Peggy will provide instruction on Kime No Kata. She brings insight as an A Level Kata Judge and has an experienced kata competitor. Peggy Whilden, who has been doing judo for about 40 years, had a steady streak of Kata first place finishes at Senior Nationals over the years, and also recently took gold in Katame-no-kata at the World Masters in Japan and in Ju-no-kata at the Pan American Judo Championships in Venezuela (her second Pan American appearance). She has also been generous in supporting the future of Kata competition by serving as a judge in various tournaments, including the most recent World Masters in Canada.

Clinician Frances Glaze - USA National Kata Judge, USJF Class A Instructor, USA National Kata ,Champion, PJU Kata Champion, World Masters Kata Champion has trained and competed in kata for over 30 years. She is certified as an 'A' level instructor by the United States Judo Federation and an 'A National' level judge by the United States Judo Inc. in the following kata: Nage no Kata, Katame no Kata, Ju no Kata, Kodokan Goshin Jutsu Kime no Kata, Koshiki no Kata, Itsutsu no Kata. Frances won her first national kata title in 1973 winning gold in overall. She continued competing and winning until she took a break from competition to raise her children. She returned to competition in 2000 winning the overall championship at the Fukuda International Kata Championships and the US National Kata Championships. She followed it up with a sweep of the kata gold medals at the Pan Am Judo Championships

Clinician Karen Whilden - instructor at Hui-OJudo Beltsville, Shufu Judo Yudanshakai Kata Development Chairperson, Class 'A' judge in nage-no-kata, katame-no-kata and ju-no-kata, USA Judo National teaching, USA Judo coach certified, Member of Shufu board of examiners, Virginia Judo Inc board of directors. Karen has been involved in judo for over 40 years. She has studied judo under Miss Fukuda, Miss Takeuchi, Miss Elizabeth Lee, John Anderson and other prominent teachers. She is a long time competitor who initially competed in both shiai and kata. Since 1987 she has focused on kata at the National, Pan American, International and Worlds levels as they became available. Karen is actively involved in Shufu Yudanshakai serving as kata chair and as a member of the Board of Examiners.

Whether you are a judoka with an interest in the traditional kata, or one with little kata experience, this clinic is an excellent opportunity to learn about a different aspect of judo!

Visit our web site at <http://huiojudo.com>

For more information contact Kevin Tamai 703-622-6861

Kodokan Judo Kime No Kata

"Applying techniques of throwing and grappling to which body attack techniques are added, Kime no Kata is formulated to aim to acquire the most basic and effective way of defending ourselves from unexpected attack of others. Kime no Kata is composed of 8 techniques applicable by kneeling posture, and 12 techniques by standing posture. The practice of Kime no Kata aims to study not only the principle of defense and counterattack but also the principle of manipulative body movement. In the practice of Kime no Kata, tori and uke should breathe in good harmony with each other, and further, tori has to work his body manipulatively without laying himself open to an attack of uke." Kata of Kodokan Judo Revised, 1968

<p>Idori (kneeling techniques) <u>Against unarmed attacks</u></p> <ul style="list-style-type: none">• Ryote dori - two hand hold• Tsukkake - stomach punch• Suri age - thrust at forehead• Yoko uchi - blow at left temple• Ushiro dori - shoulder grab from behind <p><u>Against armed attacks</u></p> <ul style="list-style-type: none">• Tsukkomi - dagger thrust at stomach• Kiri komi - downward thrust at head with dagger• Yoko tsuki - side thrust with a dagger	<p>Tachiai (standing techniques) <u>Against unarmed attacks</u></p> <ul style="list-style-type: none">• Ryote dori - two hand hold• Sode dori - sleeve seizure from side• Tsukakke - straight strike to face• Tsuki age - upper cut• Suri age - thrust at forehead• Yoko uchi - blow at left temple• Keage - groin kick• Ushiro dori - shoulder grab from behind <p><u>Against armed attacks</u></p> <ul style="list-style-type: none">• Tsukkomi - dagger thrust at stomach• Kiri komi - downward thrust at head with dagger• Nuki kake - sword unsheathing• Kiri oroshi - straight cut down with a sword
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Entry Form for Shufu Judo Yudanshakai Kime No Kata Clinic

Sanctioned by: United States Judo Federation
Sanction Number : 12-05-05
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Payment: Cash/Check
Ck # _____
Amount: _____

Name: _____

Home Address: _____

Phone Number: (main) _____ (other) _____

Club Name: _____

Email Address (optional) _____

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

Only verified, current members will compete!**New and Renewal applications will be taken on site ***

Rank: _____ Sex: M F Age: _____ Date of birth: _____

Kime No Kata experience level:
___ Novice (never done it) ___ Intermediate (know the basics) ___ Advance (competed)

If assistance/accommodation is needed (check off appropriate box): Vision Loss/blindness Hearing loss/Deafness

Type of assistance/accommodation requested or name of person assisting: _____

Please mail the completed entry form liability waiver and payment to:
Kevin Tamai, 2973 Fox Tail Court, Woodbridge, VA 22192 Attn: Judo clinic

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

Check Verification: Driver Lic State _____ **DriverLic #** _____ **exp date** _____
Verify that address on checks matches address on license. Verify phone number is on your check

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 ("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