



Hui-O Judo Beltsville Shufu Judo Yudanshakai



Katame No Kata Clinic and Shufu Promotional kata testing

Saturday, March 1, 2014

This clinic is for all levels of judoka to learn the Katame No Kata, enhance their existing kata knowledge and improve on their judo techniques. We encourage both junior and senior judokas to come participate. Learning the katas will help to enhance your overall judo knowledge and experience. Shufu Judo Yudanshakai strongly recommends that all judoka who need to be tested for rank promotions to take advantage of this opportunity to be tested before the April testing date. Karl Tamai and Diane Jackson will share insights from the Kodokan Katame No Kata seminar held in October 2013 following the 2013 World Kata Championships in Japan.

Sanctioned by United States Judo Federation. Sanction # 13-03-09

Site: DeMatha Catholic High School, Convocation Center, Wrestling Room
4318 Madison Street, Hyattsville, MD 20781

Clinicians: **John Anderson, Shichidan, Shufu**

Diane Jackson, Yodan, Hui-O-Judo Beltsville, Shufu Yudanshakai Kata Development Chairperson, Level A Judge, Kata instructor certified, USA team member for 2007 Kodokan International Invitational (Katame No Kata), participant at 2013 Kodokan seminar on Katame no Kata

Karl Tamai, Yodan, College Park Judo Club, participant at 2013 Kodokan seminar on Katame no Kata

Karen Whilden, Godan, Hui-O Judo Beltsville, Level A Judge, Kata instructor certified, USA team member for 2007 Kodokan International Invitational (Katame No Kata)

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

Schedule:

8:00 - 9:00	Promotional testing – (Please register for ahead testing)
8:00 - 9:00	Registration
9:00 - 12:00	Clinic
12:00 - 1:00	Lunch break
1:00 - 4:00	Clinic
4:00 - 5:00	Promotional testing (Please register ahead for testing)

Fees:

Register before March 1, 2013	\$ 30.00
Register after March 1, 2013	\$ 40.00

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

Mail entry form, signed waiver and entry fee to:

Kevin Tamai, 2973 Fox Tail Court Woodbridge, VA 22192 Attn: Katame No Kata Clinic

Eligibility to participate:

All judoka with a current USJI, USJF or USJA membership card will be eligible to take part in this clinic. Card **MUST** be presented at registration. USJF, USJI and USJA membership can be renewed or applied for during registration. There will be no refunds of the entry fee.

Information: For more information: On the clinic, contact Diane Jackson at jacksons4terps@att.net. For logistical information contact Kevin Tamai at 703-497-1530 (home) or 703-622-6861 (cell).

For more information visit www.shufujudo.org or www.huiojudo.com

This clinic is for all levels of judoka to learn the Katame No Kata, enhance their existing Katame No kata knowledge and improve on their judo techniques. We encourage both junior and senior competitors to come participate. Judokas who participate in this will have the opportunity to learn and practice both Uke and tori roles.

Shufu Judo Yudanshakai strongly recommends that all judoka who need to be tested for rank promotions to take advantage of this opportunity to be tested before the April testing date.

The *katame-no-kata* was developed by Jigoro Kano as a method of illustrating principles of grappling to allow students to more effectively apply them in randori. Initially the kata consisted of ten techniques. These were subsequently appended, bringing the number to fifteen.

The *katame-no-kata* consists of fifteen techniques, grouped in three categories:

- *Osaekomi-waza* (holding or pinning techniques)
- *Shime-waza* (strangulation techniques)
- *Kansetsu-waza* (Joint techniques (locks))

Osaekomi-waza

The five holding techniques demonstrated in Katame no Kata are:

- Kesa-gatame (in the Kuzure-kesa-gatame variant)
- Kata-gatame
- Kami-shiho-gatame
- Yoko-shiho-gatame
- Kuzure-kami-shiho-gatame

Shime waza

The five chokes demonstrated are:

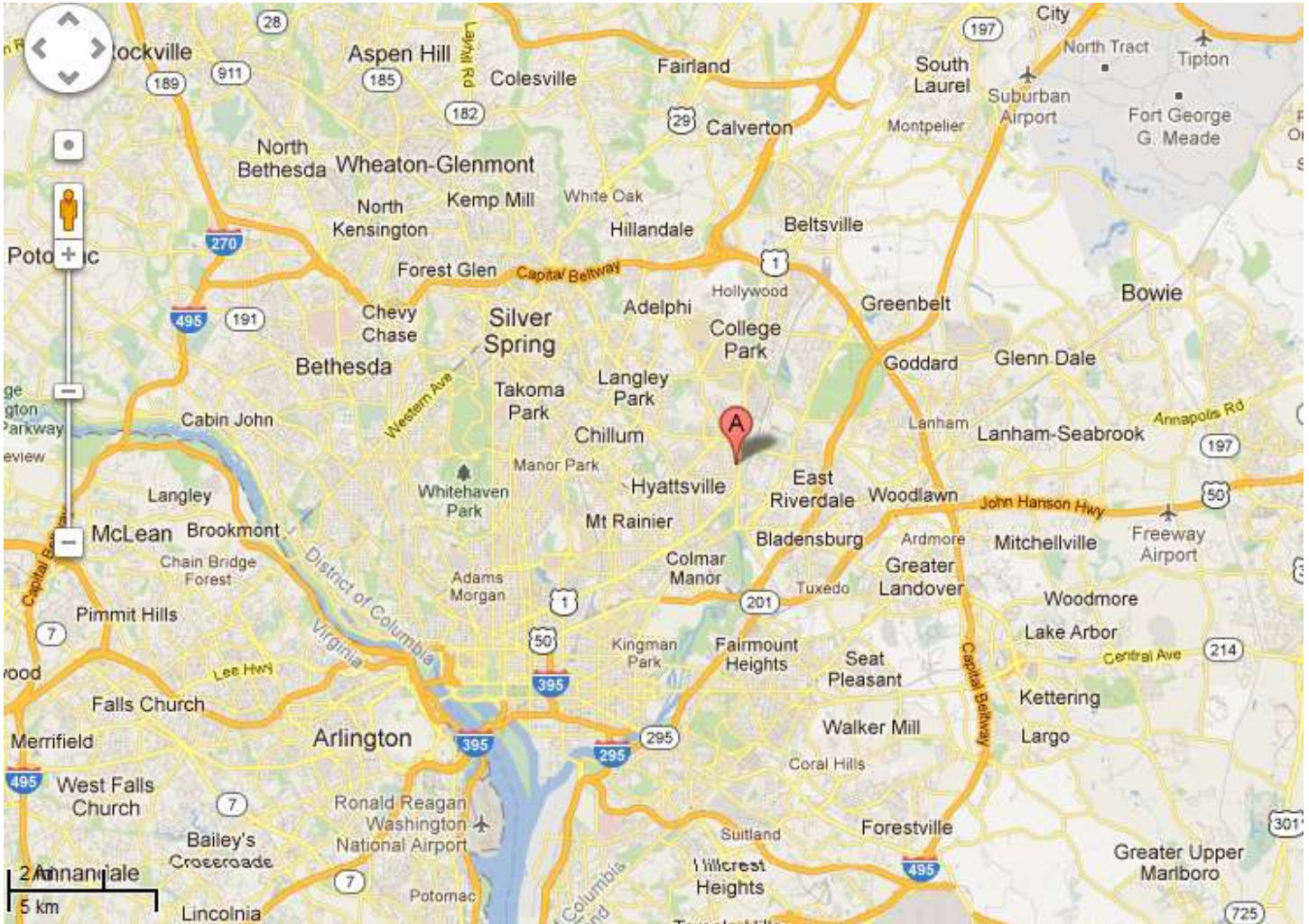
- Kata-juji-jime
- Hadaka-jime
- Okuri-eri-jime
- Kata ha jime
- Gyaku-juji-jime

Kansetsu waza

The five joint locks demonstrated are:

- Ude-garami
- Ude-hishigi-juji-gatame
- Ude-hishigi-ude-gatame
- Ude-hishigi-hiza-gatame
- Ashi-garami

**DeMatha Catholic High School
Convocation Center Gym
4318 Madison Street
Hyattsville, Maryland**



**USE THE MAIN FRONT ENTRANCE OF THE SCHOOL
PARK IN LOTS 7, 8 or 9**

USE THE MAIN FRONT ENTERANCE OF THE SCHOOL PARK IN LOTS 7, 8 or 9

DeMatha Catholic High School is located at 4313 Madison Street in Hyattsville, Maryland, less than two miles south of the University of Maryland on Route 1. It is 5.2 miles south of Route 95.



1. [Main Building \(Front of school\)](#)
2. [St. John DeMatha Hall](#)
3. [Brendan McCarthy '64 Activities Center](#)
4. [Anthony Fotos Arts Center](#)
5. [Convocation Center \(opening 2010\)](#)
6. [Back parking Lot](#)
7. [Amico Parking Lot \(White\)](#)
8. [Nusca Parking Lot \(Red\)](#)
9. [Nardone Lot \(Blue\)](#)
10. [Faculty/Staff Lot](#)
11. [Plaza](#)

Shufu Judo Yudanshakai
Katame No Kata Clinic
Entry Form

Sanctioned by: United States Judo Federation # 13-03-09
Clinic Director: Kevin S. Tamai
Clinic Instructors: John Anderson, Diane Jackson and Karl Tamai

Payment: Cash/Check/MO
Check # _____
Amount: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____ - _____

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

Email: _____

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

Rank: _____ Club Name: _____

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

NOTE: Membership cards MUST be present at site. New and Renewal applications will be taken on site.

Kata Experience Level: _____ Beginner (Just learning or limited experience)
_____ Intermediate (Have learned it, competed or are pretty comfortable with it)
_____ Advanced (Know it, have competed, continuing to refine techniques)

_____ I am bringing a partner. _____ I will need a partner there

_____ I am requesting testing for promotion only. I do not plan to attend the clinic

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

Type of assistance/accommodation requested or name of person requesting assistance _____

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

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

Please mail the completed entry form, waiver and payment to:
Kevin Tamai, 2973 Fox Tail Court, Woodbridge, VA 22192 Attn: Katame No Kata Clinic

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, DeMatha Catholic High School, Archdiocese of Washington, 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, DeMatha Catholic High School, Archdiocese of Washington, 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