



This event is provided to you by Shufu Judo Yudanshakai as part of its commitment to the members of Shufu and to all judoka in the regional area. Sensei Diane Jackson, the Chairperson of the Shufu Yudanshakai Kata Development Committee is proud to bring Sensei Saito to the Shufu region to teach this clinic. Learning and practicing the katas on a regular basis will help to improve your over judo experience and performance.

### **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 to an attack of uke." Kata of Kodokan Judo Revised, 1968

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

Sanctioned by: United States Judo Federation  
Sanction Number : 15-03-05  
Event Director: Kevin Tamai

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: \_\_\_\_\_

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 **Hui-O-Judo**

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., DeMatha Catholic High School, Archdiocese of Washington, MNCPPC, Beltsville Community 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., DeMatha Catholic High School, Archdiocese of Washington, MNCPPC, Beltsville Community 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