Lincoln Martial Arts Center Dojo Judo Kata Clinic for the Shiai Competitor with Eiko Shepherd



USA Judo Sanction applied for

Purpose:	1. To teach the fundamentals of Nage-no Kata and Katame-no-Kata			
	- prior knowledge is good, but not necessary			
	2. To help competitors improve shiai skills through an understanding of kata.			
Date:	February 24 – 25, 2023			
Location:	Lincoln Martial Arts Center, 4815 S. 14 th St, Suite D, Lincoln NE 68512			

Eligibility: Open to <u>all ages and levels</u> interested in improving their judo skills. Participants must belong to USA Judo, USJF or USJA. Juniors are welcome to participate, but must be focused and accompanied by an adult.

Clinician: Eiko Shepherd was the first woman to compete with men at the Kodokan in Japan. She is a USA Judo certified international coach, master level judo teacher and National Class A kata judge as well as the Vice Chairperson of Kata. She is also the Chairperson of USJF kata committee and a USJF CLASS A kata instructor. She has been the National Youth Kata coordinator since 1997. Shepherd Sensei also acted as the women's head coach for the 1993 US Olympic festival.

Schedule:

Friday Saturday

5 pm Registration 7:30 Registration

6-9 Instruction 8-5 Instruction (1 hour lunch)

Clinic Fee:	Before January 27, 2023	After January 27, 2023		
Single Registration	\$80 – Saturday, \$90 – Both Days	\$100 – Saturday, \$110 - Both Days		
Youth 16 and under	\$40 – Saturday, \$50 – Both Days	\$60 – Saturday, \$70 – Both Days		
Team Registration	\$150 Saturday, \$170 – Both Days	\$190 – Saturday, \$200 – Both Days		

^{*}Team coaching may be possible - contact clinic organizer

Lodging: A small number of rooms have been set aside at the Quality Inn & Suites right across from the dojo. 1511 Center Park Road South, Lincoln Ne 68512

For further information about the dojo and location:

Clinic Administrator: Ron Hulshizer Clinic Organizer: John Bailey Mortimer_Snerd_1@yahoo.com		Dojo Website: lincolnmartialartscenter.com
Dojo Phone Number: (402) 474-5425	Dojo Face https://ww	book: ww.facebook.com/shoreishobukanlincolnmartialarts/

MAAPP Policy

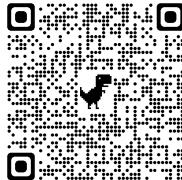
The Center for SafeSport has developed the Minor Athlete Prevention Policies (MAAPP) which USA Judo has adapted to our own sport. The MAAPP is a collection of proactive and training policies comprised of two parts; Education & Training Policy that requires training for certain Adult Participants and the Required Prevention Policies, focused on limiting one-on-one interactions between Adult Participants and Minor Athletes to prevent abuse.

The full MAAPP policy can be found at www.usjudo.org.

Name:		PI	none:		
Street Address:		City:		State:	Zip:
Club:		Se	ensei:		
Sex: Age:	Birth Date:	Ra	ank:		
E-mail Address:					
udo Membership: (circle c	one) USA Judo USJF USJA	. N	lembership	card number:	
Days Attending Fees:	Friday	Saturda Total \$	у		
	Before January 27		After Ja	nuary 27	
Single Registration	\$80 – Saturday, \$90 – B			•	0 - Both Days
Youth 16 and under	\$40 – Saturday, \$50 – B	oth Days		•	- Both Days
Team Registration	\$150 Saturday, \$170 – E	Both Days			0 – Both Days
- Please include you	al Arts Center c, Suite D,	th your regi	stration (s	eparate regist	ration required
Medical Issues/Injuries?					
Emergency Contact					
Phone Number					
Register and Pay	Online with PayPal	using the	link /		
	OP code			٠	

QR code

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Judo Clinic Lincoln, Nebraska February 24 – 25, 2023

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 any Judo tournament, practice, clinic and related events and activities of United States Judo, Inc., United States Judo Federation, United States Judo Association, ATJA, Sho-Rei-Shobu-Kan, Lincoln Martial Arts Center and Nebraska Judo Inc., I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.

Participant (please print name)

- 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 unsafe or beyond my capacity, I will immediately advise my coach or supervisor and/or a tournament official of such conditions 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 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 Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 5. Release, waive, discharge and covenant not to sue the U.S. Judo, Inc., U.S. Judo Federation, U.S. Judo Association, ATJA, Sho-Rei-Shobu-Kan, Lincoln Martial Arts Center, Ron Hulshizer or Nebraska Judo Inc., together with their affiliated clubs, their respective administrator, directors, agents, their parents, guardians, 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 "release", 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 release 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 RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY ON 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's Signature

Date

•	S OF PARTICIPANTS OF MINORITY AGE 18 at Time of Registration)	
This is to certify that I, as parent/guardian with legal refrelease, as provided above, of all the Releasees, and, for indemnify and hold harmless the Releasees from any a participation in these programs as provided above, even have instructed the minor participant as to the above of the second	or myself, my heirs, assigns, and next of kin, I releant and all liabilities incident to my minor child's involven if arising from their negligence, to the fullest ex	ase and agree to vement or
Parent/Guardian (please print name)	Parent/Guardian Signature	Date