OJUKAN KATA CLINIC

Nage No Kata

Saturday, February 10 2024 (Sanction # 24-02-06)

9:00AM - 4:00PM Ojukan Judo Dojo

5749 NW Cornelius Pass Road, Hillsboro OR 97124 (+acumed business park)

Nage-no-kata (Japanese: 投の形, "forms of throwing") is one of the two randori-no-kata (乱取りの形, free practice forms) of Kodokan Judo. It is intended as an illustration of the various concepts of nage-waza (投げ技, throwing techniques) that exist in judo, and is used both as a training method and as a demonstration of understanding.

All ranks and juniors are welcome. Juniors should plan to attend with another student approximately their same size to ensure availability of a kata training partner. Please note that space is limited and there will not be any areas available for off-mat seating or downtime; everyone will be expected to be on mat and practicing during the morning and afternoon sessions. Attendees will be required to have USJF or USJA membership.

There are 2 mat areas, and the plan is that students will be split between beginner and experienced on the 2 mats.

Instructors: sensei Karen Nagai Rokudan and sensei Blane Bellerud Godan.

Cost: \$30/student. Payment will be collected on-site 8:00AM-9:00AM. Cash or credit card welcome.

Schedule: morning session 9:00AM to 12:00 noon, lunch break 12:00-1:00, afternoon session 1:00PM-4:00PM.

Everyone is expected to be on the mat and ready for the opening ceremony/bow-in at 9:00AM. Please arrive early enough to sign-in and change. There is 1 unisex bathroom on site. Plan accordingly.

There isn't space available for dining at the dojo; maps and recommended locations for eating will be printed and available at the dojo. Lunch and snacks will be the responsibility of students/attendees.

Online Form: https://ojukanjudo.org/kata-clinic/ Please RSVP immediately to: flugenblar@gmail.com



Ojukan Kata Clinic Entry Form

Nage No Kata

Saturday, February 10 2024 (Sanction # 24-02-06)

9:00AM - 4:00PM Ojukan Judo Dojo

5749 NW Cornelius Pass Road, Hillsboro OR 97124 (+acumed business park)

PARTICIPANTS MUST BE CURRENT MEMBER OF USJF OR USJA Be prepared to present membership card/info upon check-in

- Cost: \$30/attendee. Payable on arrival.
- <u>Meals</u>: bring your own snacks and lunch, lunch will *not* be provided but there are numerous choices for local dining.

NOTE: There is one (1) bathroom if privacy is needed for changing. Please arrive early enough in case there is a queue. There will be staff present by 8:00AM.

Please RSVP immediately to: flugenblar@gmail.com

Name	Address	Membership Org (e.g., USJF)	Membership Nbr	Expiration Date

Please indicate if you plan to attend the beginner's session or if you plan to attend the experienced session when you RSVP.

The experienced section will be good for students who have practiced the kata before, or have a working knowledge of the 5 sets of techniques. You will not be expected to have perfect knowledge or have competition experience.

If assistance/accommodation is needed check off appropriate area	
Vision	
Hearing	
Type of assistance/accommodation requested or name of person assisting:	_



Medical Committee

Mailing Address: Telephone: FAX: Internet:

PO Box 338 (541) 889-8753 (541) 889-5836 www.usjf.com Ontario, OR 97914-0338

USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

Testing:

- 1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
- 2. COVID testing is not a requirement from the USJF national office
- 3. Testing may be required at the discretion of the event medical director, depending on local conditions
- 4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

Vaccinations:

There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. <u>However, COVID-19 vaccines are highly encouraged.</u>

Masking:

- 1. Masking should follow local/state health department guidelines
- 2. There is no masking requirement from the USJF national office

Symptom Screening:

- 1. Symptoms screening, visitor logs, or temperature checks are not required
- 2. Symptom screening may be performed at the discretion of the head sensei, or event medical director
- 3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

Hygiene:

- 1. Continue to sanitize/wash hands frequently
- 2. Clean mats and equipment regularly

Returning to Activity after COVID Infection:

- 1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines:
 - https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html [cdc.gov]
- 2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
- 3. If you have any questions or concerns, please consult your personal physician

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.**, **Northwest Judo Yudanshakai**, **Inc.**, **Legacy Athletics**, **Ojukan Judo Club**, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Northwest Judo Yudanshakai, Inc., Legacy Athletics, and Ojukan 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
	GUARDIANS OF PARTICIPANTS OF M AGE 18 AT TIME OF REGISTRATION)	
release, as provided above, of all the Release indemnify and hold harmless the Release participation including litigation expenses, a minor child's participation in these program	dian with legal responsibility for this participal usees, and, for myself, my heirs, assigns, and uses from any and all liabilities incident to nuttorney fees, loss, liability, damage or costs we as provided above, even if arising from the or participant as to the above warnings and co	next of kin, I release and agree to ny minor child's involvement or hich may incur as the result of the ir negligence, to the fullest extent
Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date 507, V7.0.0, 210312.docx