



## Coach Continuing Education Clinic USJA Level 1 Coach Certification

September 29, 2018  
9:30 AM to 2:30 PM



Hosted by **The Ohio State University Judo Club**      USJA Sanction # 18-056

The Ohio State University  
Recreation and Physical Activity Center (RPAC)  
337 Annie & John Glenn Ave, Columbus, OH 43210

Directions to the RPAC: [Google maps](#)

The Neil Ave Garage is the closest parking to the RPAC (200 m south): [Google maps](#)

Clinician:      **Brian Rowe, 7<sup>th</sup> Dan**

Clinic Fee:      \$30 (if received by September 22)  
                     \$40 on-site

There is a separate certification fee of \$70, payable to USJA. Applications will be available at the clinic. USA Judo coach certification applications can also be signed by Sensei Rowe.

Must be a current member of USJA, USJF, or USA Judo. USJA memberships will be available at the clinic.

Minimum requirements for certification: age 18, Sankyu  
(Adult green belts cannot receive USJA coach certification, but are encouraged to attend)

Clinic will include classroom instruction and demonstrations on the mat. Bring your gi, notebook, and pen. Randori for those interested.

Topics covered include: teaching methods, liability and risk management, curriculum and skill development, safety, and ethics.

Point of contact: **Eric Snyder, 614-282-6068, osujudo2018@gmail.com**

Mail application and clinic fee to:      **Eric Snyder**  
   **1420 Inglis Ave**  
   **Columbus, OH 43212**

Or scan and email (credit card only) to: **osujudo2018@gmail.com**

**Coach Continuing Education Clinic**  
Hosted by **The Ohio State University Judo Club**  
September 29, 2018

**Application**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Member:      USJA \_\_\_\_\_ USJF \_\_\_\_\_ USA Judo \_\_\_\_\_      Membership #: \_\_\_\_\_

Judo Club: \_\_\_\_\_ Instructor: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any physical limitations, health problems, and/or current injuries:

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Payment:      Check \_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_      Make check payable to: **OSU Judo Club**

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Warning! Waiver, Release of Liability, Request and Agreement to Participate**

I agree that the Ohio State University Judo Club, the Ohio State University, the United States Judo Association, USJF, USA Judo, along with their employees, directors, members, instructors, and volunteers shall not be liable for any loss, injury, or damage occurring from or as a result of my participation in this clinic. I acknowledge and fully understand that this clinic includes judo, and related activities which might result in injuries, including serious injuries, traumatic brain injury, permanent disability or death. Further, I acknowledge that there might be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved in this clinic, I assume all such risks and accept personal responsibility for damages following such injury, permanent disability, or death. I agree to release, waive, discharge, and covenant not to sue the Ohio State University Judo Club, the Ohio State University, the United States Judo Association, USJF, USA Judo, along with their employees, directors, members, instructors, volunteers, or other participants.

**I have read the above warning, waiver, release of liability and understand that I give up substantial rights by signing it. I request and agree to participate knowing the risks and conditions involved and do so entirely of my own free will.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_