



Shintaro Nakano Clinic (Coach of Marti Malloy)

USJF Sanction Number: # 16-09-07



Featured Clinician: Shintaro Nakano, Godan, and Current San Jose State University Judo Coach
(see background below)

Where: Saito Dojo at Birmingham YMCA, 400 E. Lincoln, Birmingham, MI 48009

When: Saturday, September 24, 2016

Registration: from 12:15pm - 12:45pm

Clinic Start: from 1pm to 2:30pm

Coaching Session: from 2:45pm to 3:45pm.

Randori: from 4pm to 4:45pm



Coaching time: Nakano sensei will critique the participants while observing their takui waza

Contact: Noboru Saito e-mail: nsaito@wowway.com or call 248-840-0013

Requirements: Need current USJI, USJF, USJA card for each participant and a Waiver and Release of Liability and Agreement to Participate must be completed

Cost: \$35 for Pre-registration (good reason, clinic fee can be refundable)

- Please send \$35 pre-registration fee payable to "M.J.D.A." and mail application and check to:
Noboru Saito - 139 Roth Blvd., Clawson, MI 48017

\$50 for on site registration

Coach Nakano's Judo Achievements:

Shintaro Nakano is Black Belt 5th Dan born in Miyazaki, Japan. He started his Judo career at the age of five and learned from the beginning the traditional beliefs and values of Judo. He is a graduate of Chuo University in Japan. He was a member of the Japanese Judo National team from 1998 to 2004 at 60kg and from 2006 to 2008 at 66kg.

- 1998 Japan National Junior Championships at 60kg
- 1998 Kyusyu Island Tournament at 60kg
- 2004 All Japan Industrial Championship at 60kg
- 2004 U.S. Open at 60kg; 1999 Japan National Junior Championships at 60kg
- 1st place 2012 and 2013 National Collegiate Judo Championships
- 1st place Japan National Junior Championships – 60 kg. – 1998 and 1999
- Japanese National Team – 66 kg. – 2006 to 2008 and 1998 to 2004
- Coach of college power house and defending National Champions SJSU
- Head Coach at Caio Terra Academy
- Coach of 2012 Olympic Bronze Medalist and 2013 Silver Medalist World Champion , 2016 Olympic team member, Marti Malloy
- Coach of two time Pan American and multi-time world champ Yuri Simoes



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Saturday, September 24, 2016

Birmingham YMCA (judo dojo)
400 E. Lincoln

Birmingham, MI 48009

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NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **BIRTH DATE:** _____

CLUB: _____ **RANK:** _____

AGE: _____ **GENDER:** _____ **PRIMARY USJI, USJF, USJA (circle one) #** _____ **/Exp. Date:** _____

JUDO CANADA PASSPORT # _____

If assistance/accommodation is needed (check off appropriate box) Vision Loss/Blindness Hearing loss/Deafness
 Other _____ Type of assistance/accommodation requested or name of person assisting _____

Certificate Regarding Non-Black Belt Contestants

I, _____ a Judo instructor, who has been awarded the Judo rank of Shodan or
(Print name of Instructor)

higher, under the auspices of USJI, USJF, USJA OR JUDO CANADA, hereby certify that,

_____ although not having been awarded the Judo rank of Shodan or higher,
(Print name of Contestant)

is of sufficient aptitude and skill in Judo to compete in these Championships.

Judo Instructor (print) _____ **Date** _____

Signature of Instructor _____ **Rank** _____ dan **Org** JI JF JA

NOTE: FOR THOSE 17 AND UNDER: on the heads up waiver the a parent and athlete information sheet compliance statement must be signed by both the parent/guardian and participant and submitted with this application form

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., Konan Judo Association, Inc., Birmingham YMCA, and the Saito Dojo**, 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., Konan Judo Association, Inc., Birmingham YMCA, and the Saito Dojo**, 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

HEADS UP WAIVER

For those under 18: this form must be signed by the parent or guardian and minor

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CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluation for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

By my name and signature below, I acknowledge in accordance with Public Acts 342 or 2012 that I received and reviewed this concussion educational material.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE