



# San Fernando Valley Judo Club Invitational Clinic

## COACH'S CLINIC by PHILIPPE MOROTTI

USA JUDO Sanction # XXXXX

Date: February 3, 2024

Time: 10am to 1pm

Program: Preparation for Competition, Fitness for Judo, Coaching Mat-side, Ethics & Rules, Coaching Tools, Case Studies and more.

Clinicians: Philippe Morotti, 6th Dan, Nanka Coach Director

Costs: \$25 Clinic Fee + Coaching Certification Fees if requested

Name of Participant:

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_ Rank/Belt Color: \_\_\_\_\_  
DAY MONTH YEAR

Address \_\_\_\_\_  
NUMBER AND STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ MOBILE TELEPHONE \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

USA Judo# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name of Judo club \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
PHONE & E-MAIL

Address \_\_\_\_\_  
NUMBER AND STREET

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**IF ASSISTANCE/ACCOMMODATION IS NEEDED (Check appropriate box):**

- Vision Loss / Blindness  Hearing Loss / Deafness

Type of assistance/accommodation requested or name of person assisting: \_\_\_\_\_

For Official Use Only:

\$25

Total Amount Due: \_\_\_\_\_  Cash  Check # \_\_\_\_\_