

# USA JUDO COACHING CERTIFICATION CLINIC

SANCTIONED BY USA JUDO #00538

## Saturday, June 1, 2024

**Site:** Judan Judo, 1205 N Meridian St., Portland, IN

**Clinic Session:** 9:00 am – 3:00 pm

- BLS Training and Certification in CPR and AED
- Discussion Running a judo program
- Lunch Provided on site
- Smoothcomp Overview and Instruction
- Closing Discussion on scope of judo



**Coaches Clinic Inquiries:**

**Brad Daniels** - [bradleyadaniels@gmail.com](mailto:bradleyadaniels@gmail.com)    **Vickie Daniels** - [judovickie@hotmail.com](mailto:judovickie@hotmail.com)

### Clinician:

**Brad Daniels** - 6th Dan, IJF Certified Level 2 Coach, International Gold Judo Coach and Head Coach, Judan Judo

**Vickie Daniels** – 6<sup>th</sup> Dan, IJF Certified Level 2 Coach, USA Judo International Judo Coach and Head Coach Judan Judo

**Dawn Prichard** – RN, Personal Trainer, American Heart Association certified BLS instructor

### Clinic Fee:

\$50 includes lunch and BLS Certification  
(No Gi will be needed for the clinic.)

**Check in and registration:** 8:00am-9:00am

**Registration (Smoothcomp):** <https://usajudo.smoothcomp.com/en/event/17546>

### Schedule:

- 9am – 9:30am - Discussion – USA Judo Coaches program overview, Code of Ethics and SafeSport
- 9:30am – 11:30am - BLS Certification in CPR and AED Training – Dawn Prichard
- 11:30am – 11:45am - Break
- 11:45am – 1pm - Round table discussion and lunch (Lunch will be provided)
  - Discussion on the Ins and Outs of running a judo program.
  - Profit or Not for Profit
  - Stand alone or under another organization (YMCA, Community Center, etc..)
  - Joining National organization or not, Pros and Cons
  - Using a billing service or handle in house
  - Website

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- 1:15pm – 1:30pm - Break
- 1:30pm – 2:45pm - Smoothcomp instruction
  - How to set up profiles
  - How to set up clubs/academies
  - How to register for tournaments
  - How to follow athletes during a tournament
  - How to create a tournament
  - How to Livestream and event
- 2:45pm – 3:00pm - Scope of Judo and Closing Comments
  - Adaptive Judo
  - VI Judo
  - Veterans Judo
  - Refereeing



## **Requirements for Coaches Certification:**

- Current USA Judo Membership (proof of membership required)
- Rank requirement of Ikkyu (proof of rank required)
- Current Background Screening (SSCI - can be done on USA Judo site)
- Passport Size Photo
- Complete Coach Application to USA Judo (Form will be provided at the Clinic)  
(USA Judo fee is \$70 for new coach certification)
- Safesport Certification ([www.safesport.org](http://www.safesport.org))
- Concussion Training Certificate ([www.cdc.gov](http://www.cdc.gov))

STATE, REGIONAL, AND NATIONAL LEVELS

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PLEASE PRINT INFORMATION

## Registration Form



Name: Last \_\_\_\_\_

Mid \_\_\_\_\_

First \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ Age: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_

USA JUDO Membership Number: \_\_\_\_\_

Exp Date: \_\_\_\_\_

Rank: \_\_\_\_\_

Current Coach Level: \_\_\_\_\_

Coach Certification

Level Seeking: State: \_\_\_\_\_ Regional: \_\_\_\_\_ National: \_\_\_\_\_

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## 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 the United States Coaching Certification Clinic, Judan Judo, in any Judo tournament, practice, clinic, and related events and activities of the United States Judo, Inc. Judan Judo, Indiana Judo Inc., I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
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 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. 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 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, permanent disability, or death.
5. Agree to allow all photos, recordings, and videos to be taken at event and used for promotional material.
6. Release, waive, discharge and covenant not to sue the United States Judo, Inc., Judan Judo, Indiana Judo Inc., Brad Daniels and Vickie Daniels, and Dawn Prichard together with their affiliated clubs, their respective administrators, directors, agents, coaches, speakers and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, 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 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 Releasees 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 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date