

STATE, REGIONAL, AND NATIONAL LEVELS

USA JUDO COACHING CERTIFICATION CLINIC

SANCTIONED BY USA JUDO #2015-53-03

Sunday, March 1, 2015

Site: SPARTA Indy, 10080 East 121st Street, Fishers, IN 46037
www.spartaindy.com

Check-In and Clinic Registration: 8:00 am – 9:00 am

Clinic Session: 9:00 am – 4:30 pm

- Classroom Instruction/Discussion
- Mat Instruction/Sports Performance
- Lunch
- Classroom Instruction/Discussion
- Mat Instruction
- Classroom/Closing

Coach Clinic Inquiries: John Branson: (765)621-3416
jon278@aol.com



Clinician:

John Branson - 6th Dan, International judo coach and head coach of Anderson YMCA Judo.



Registration for Clinic:

\$45 at Door (*Does not include the USA Judo Coach Application Fee*)
Make Check Payable to Sparta Inc.

Clinic Topics:

Classroom

- USA Judo Coaches Certification Program Overview/Code of Ethics
- Movement Drills to improve Athletes
- Organizing Practice - Mat Side Coaching and Providing Feedback to your athletes.
- Nutrition and Sports Psychology

Mat Sessions

- Strength Drills to Improve muscle explosion
- Judo Drills to Improve High Intensity Cardio Capacity
- Movement Drills to improve throwing skills
- Breaking down technique instruction to maximize learning
- Teaching Newaza

Requirements for Coaches Certification:

- Current USA Judo Membership (proof of membership required)
- Rank requirement of Ikkyu (proof of rank required)
- Current Background Screening (SSCI \$16 fee if you don't have a current)
- 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)
- Concussion Training Certificate (www.cdc.gov)

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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 and Sparta Indy, in any Judo tournament, practice, clinic, and related events and activities of the United States Judo, Inc., United States Judo Federation, Inc., United States Judo Association, Inc., Anderson YMCA Judo, Branson Judo and Sparta Indy, 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. Release, waive, discharge and covenant not to sue the United States Judo, Inc., United States Judo Federation, Inc., and United States Judo Association, Inc., Anderson YMCA Judo, Branson Judo, Sparta Indy and Sparta Judo, 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

2015-2018 USA Judo Coach Certification New/Renewal/Transfer Application Date:

Please print or type. Certificate will be printed with name as you provide.

First Name:

Middle Name or Initial:

Last Name:

Legal Name (if different from above)

Contact information is unchanged from 2014 (if checked, please skip to the next section) New Coaches must fill out completely.

Your Mailing Address:

City

State

Zip Code

Phone Number: () -

Email Address:

Judo Rank: Date Rank Rec'd:

Date of Birth:

Club Name:

Head Coach Name: Please check here if you are the Head Coach

USA Judo Membership Number & Exp. Date:

Exp / /

Background Screen Expiration Date

SSCI Background Screen Completion Date: All screens must be conducted through SSCI. Screens are valid for 4 years; however, you must renew if your screen expires anytime during your certification period. Renewal Apps are available at www.usjudo.org.

New Coach ☐ Renewing Coach ☐

Current Coach Level:

State ☐ Regional ☐ National ☐ Continental ☐ International ☐ International Gold ☐

CLINICIAN SIGN-OFF

I attest that the above named Coach has successfully completed the requirements for Coach Certification Level.

Upgrade Request ☐

Name of Clinician and Date: (clinician must sign for new coaches and upgrade requests)

Clinician:

X

Clinician Signature (Only USA Judo Accredited Certification Clinicians may authorize certification or upgrades to the National Level. Continental Level and higher must be obtained through Patrick Burris, Director Coach Program)

Code of Conduct

I have read the Coaches Code of Conduct and by accepting Coach Certification with USA Judo I attest that I will make every effort to adhere to the stipulations as listed in the Code. I also promise that I will make every effort to provide positive and professional coaching to all individuals who are entrusted to me. Additionally, I will endeavor to constantly improve my Coaching skills and knowledge in an effort to improve myself as well as the future of my athletes. Code is available at www.usjudo.org

X

Coach Signature

Date

Fees

☐ \$70 - 2015 USA Judo Coach Certification (includes ID Card*)

☐ \$120 - 2015-2016 Certification

☐ \$220 - 4 Year Certification

☐ Add \$25 - Blind and Low Vision Coach Accreditation (separate course required)

☐ add \$30.00 to total for late fee if paid after February 28, 2015 Late fee does not apply to new coaches.

☐ Subtract \$20.00 if you do not need an ID Card. An ID Card is required for coaching outside.

Total Paid \$

Payment Option

☐ Check #

☐ Money Order

☐ Visa

☐ MasterCard

☐ Paypal email for paypal acct.

@

Card Holders Name

Card # - - -

Exp /

COS # (on back of card)

Signature for Credit Card Payment:

X

x

Application must include your signature or digital signature

Required Attachments:

☐ A copy of your USA Judo Membership Card

☐ A copy of your Background Screen Clearance Letter - unless recorded through USA Judo. Background Screens expire every 4 years. Renewal Forms are available at www.usjudo.org.

Mail the form and the fee directly to SSCI.

☐ A Passport Size Photo. Photo specifications; color photo, plain background, Coach dress code appropriate. Make sure your name is written on the back of your photo- OR -

☐ Check here if you wish to use the photo on file from 2014

☐ A copy of your USOC SafeSport Certificate of Completion (www.safesport.org)

☐ A copy of your CDC Heads Up Certificate. (www.cdc.gov)

☐ A copy of your Judo Rank Certificate - Unless your Rank has been verified through USA Judo. Your Membership Card will be marked with a "V" if your rank is verified, or if your rank has changed since 2013

☐ A copy of your Blind/ Low Vision Accreditation if applicable

☐ USJA and USJF Coaches ONLY; you must include a copy of your current JA/JF Coach Certificate. If your JA/JF Cert has expired, include the full USA Judo Coach Cert fee (\$70.00)

☐ Payment and Code of Conduct Signature - application will not be processed without all required signatures and attachments

Please send scanned documents to: burris7276@cox.net

Please mail documents to:

Patrick M. Burris

Director, USA Judo Coach Program

301 S. Broadway Avenue

Moore, OK 73160

USA Judo CODE OF CONDUCT AGREEMENT

For

USA Judo Team Athletes, Coaches and Support Staff

1. The mission of USA Judo is to encourage participation and the pursuit of excellence in all aspects of judo. USA Judo grants the privilege of membership to individuals and organizations committed to that mission. The privilege of membership may, therefore, be withdrawn or denied by USA Judo at any time where USA Judo determines that a member or prospective member's conduct is inconsistent with the mission of the organization or the best interest of the sport and those who participate in it.
2. In order to assist all members to better serve the interests of those who participate in judo, USA Judo has adopted this Code of Conduct.
3. To this end, I pledge to uphold the spirit of this Code of Conduct, which offers a general guide to my conduct as a member (coach, support staff, athlete) of USA Judo. I recognize that this Code does not establish a complete set of rules that prescribes every aspect of appropriate behavior. Further, I:
 - will refrain from conduct detracting from my ability or that of my teammates or athletes to attain peak performance;
 - will respect the property of others whether personal or public;
 - will respect members of my team, other teams, spectators and officials, and engage in no form of verbal, physical or sexual harassment or abuse;
 - will follow my individual sport rules, including by way of example, rules regarding curfew and required attendance at team meetings or functions and such other rules as may be in force during the time I am representing USA Judo, provided that these rules have been distributed to me in advance in written form;
 - will remember that at all times I am an ambassador for my sport, my country, USA Judo and the Olympic movement.
4. Any member or prospective member of USA Judo may be denied membership, censured, placed on probation, suspended for a definite or indefinite period of time with or without terms of probation, fined or expelled from USA Judo if such member violates the provisions of the USA Judo Code of Conduct, or through direct action or lack of action, aids, abets or encourages another person to violate any of the provisions of the USA Judo Code of Conduct.
5. The following shall be considered violations of the USA Judo Code of Conduct:
 - 5.1. Discrimination in violation of any section of the USA Judo Rules and Regulations, or in violation of Section 220522(a) (9) of the Ted Stevens Olympic and Amateur Sports Act which requires that USA Judo must provide: "an equal opportunity to amateur athletes; coaches, trainers, managers, administrators, and officials to participate in amateur athletic competition, without discrimination on the basis of race, color, religion, age, sex, or national origin";
 - 5.2. Conviction of, imposition of a deferred sentence for, or any plea of guilty or no contest at any time, past or present, or the existence of any pending charges, for (i) any felony, (ii) any offense involving use, possession, distribution or intent to distribute illegal drugs or substances, or (iii) any crime involving sexual misconduct;
 - 5.3. Any sexual contact or advance directed towards an athlete by another athlete, coach, official, trainer, or other person who, in the context of judo, is in a position of authority over that athlete;
 - 5.4. Violation of any of the anti-doping provisions set forth by USA Judo, United States Olympic Committee (USOC) or the United States Anti-Doping Agency (USADA);
 - 5.5. The sale, distribution or possession of illegal drugs or the illegal sale, distribution or possession of any substance listed on the USOC, or USADA recognized list of banned substances;
 - 5.6. The distribution or administration of any illegal or controlled substance either orally or by injection, of any substance listed on the USOC, or USADA recognized list of banned substances.
 - 5.7. The administration of any substance by injection, whether legal or illegal, unless it is done so by a licensed, medical professional for the purposes of health maintenance or due to illness.

- 5.8. The use of illegal drugs in the presence of an athlete, by another athlete, coach, official, trainer of, or a person who, in the context of judo, is in a position of authority over, an athlete;
 - 5.9. The providing of alcohol to an athlete by another athlete, coach, official, trainer, manager or any other person where the athlete is under the legal age allowed to consume or purchase alcohol in the state where the alcohol is provided;
 - 5.10. The abuse of alcohol in the presence of an athlete under the age of 18, by an athlete, coach, official, trainer of, or a person who, in the context of judo, is in a position of authority over, that athlete;
 - 5.11. Physical abuse of an athlete by any person who, in the context of judo, is in a position of authority over that athlete;
 - 5.12. Any act of fraud, deception or dishonesty in connection with any USA Judo-related activity;
 - 5.13. Any non-consensual physical contact, obscene language or gesture, or other threatening language or conduct directed towards any official and which is related to any decision made by such official in connection with a USA Judo sanctioned competition;
 - 5.14. Failure of any member who is party to or witnesses of any violation(s) contained in the above-stated USA Judo Code of Conduct to report the specific violation to USA Judo immediately.
6. Alleged violations of the USA Judo code of conduct must be reported to the Chief Executive Officer of USA Judo.

Acceptance of Terms and Conditions of USA Judo Code of Conduct Agreement

I certify that I have read all terms and conditions and fully understand, accept and agree to be bound by them.

Signature_____

Print name_____

Date_____

On behalf of USA Judo this agreement has been accepted and approved by:

Signature_____

Title_____

Date_____

**PARENT/GUARDIAN CERTIFICATION
(For Participants under the Age of 18)**

Signature	Date
Relationship (Parent or Guardian)	

Coach – please note, you must mail this form and the fee **directly to SSCI** at the address listed at the bottom of the page. DO NOT mail this application with your Coach Application. Once completed, your screen will expire in four (4) years. Be sure to print legibly and fill out this form entirely to avoid unnecessary delays.



Consent/Release Form Background Screening for Volunteer in Youth Sports

Applicant Name: (Print or Type)

First _____ Middle _____ Last _____

Social Security Number: _____ Date of Birth: _____

Address: _____
House Number & Street

City: _____ State: _____ Zip: _____

Telephone: () _____ E-Mail Address: _____

I, _____, authorize and give consent for *USA Judo*, through
Name of applicant
participating agencies, to obtain information regarding myself. This includes the following:
Employment records/Employers references, Criminal background records/information, Sex Offender Registry
check, Driver's license check, Training/experience, Personal references, Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such Information will be held in confidence in accordance with USA Judo guidelines.

Printed Name: _____ Date: _____

Signature: _____ USA Judo Registration Number: _____

Mail (1) Consent/Release form, (2) Check for \$16.00 made payable to SSCI to:
SSCI
1853 Piedmont Road Suite #100
Marietta, GA 30066

For National Office Use Only

Date	Received	Check No:	Amount
Membership Verified			Date Forwarded