**Judo Black Belt Association of Hawaii**
Hawaii Judo Yudansha-Kai
P.O. Box 22411
HONOLULU, HAWAII 96823-2411

# JBBAH KATAME NO KATA CLINIC

**SANCTION #:** 25-08-07

**CLINIC TIME/DATE:** 9:00AM– 12:00 PM SUNDAY, AUGUST 10, 2025

**SITE:** Boys & Girls Club Judo
1704 Waioli Street

**ELIGIBILITY:** Current USJF/USJA/ USA Judo Membership. Participant must present membership card at the clinic.

**COST:** $5 for USJF/USJA/USA Judo Members.

**REGISTRATION:** E-mail to ghashiro@hawaii.rr.com by Thursday, August 7, 2025

**CONTACT:** Gary Hashiro (808) 721-5881

# UNITED STATES JUDO FEDERATION

**Medical Committee**

**Mailing Address:** PO Box 338 Ontario, OR 97914-0338
**Telephone:** (541) 889-8753
**FAX:** (541) 889-5836
**Internet:** www.usjf.com


# USJF Medical Committee - COVID Update 10/2022

Effective immediately, the following shall apply to all USJF Dojos and all USJF events, local and national:

**Testing:**

1. USJF events will follow jurisdictional COVID-19 guidelines provided by the local/state health department and/or appropriate government entities
2. COVID testing is not a requirement from the USJF national office
3. Testing *may* be required at the discretion of the event medical director, depending on local conditions
4. International competitors from outside the United States will need to follow COVID-19 Testing and other protocols as required by the US State Department/CDC.

**Vaccinations:**

1. There is no COVID-19 vaccine requirement for athletes, referees, staff, vendors, or spectators. However, COVID-19 vaccines are highly encouraged.

**Masking:**

1. Masking should follow local/state health department guidelines
2. There is no masking requirement from the USJF national office

**Symptom Screening:**

1. Symptoms screening, visitor logs, or temperature checks are not required
2. Symptom screening *may* be performed at the discretion of the head sensei, or event medical director
3. Individuals actively experiencing symptoms including fever, cough, sore throat, and fatigue should not practice/participate

**Hygiene:**

1. Continue to sanitize/wash hands frequently
2. Clean mats and equipment regularly

**Returning to Activity after COVID Infection:**

1. Members who were asymptomatic or had mild symptoms may return to activity on a gradual basis after an appropriate period of isolation. Please visit the CDC website for isolation guidelines: https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html [cdc.gov]
2. Members who require hospitalization or experience new or prolonged cardiopulmonary symptoms should consult with their personal physician BEFORE returning to activity
3. If you have any questions or concerns, please consult your personal physician

**Nage No Kata Clinic August 10, 2025, Sanction # 25-08-07**
**Judo Black Belt Association of Hawaii**
**Registration Form**

Email completed registration form to ghashiro@hawaii.rr.com, by Thursday, August 7, 2025

Participants Name: _____ Dojo/Club: _____
First, Last

Mailing Address: _____
Street

_____ _____ _____ _____
City State Zipcode Phone #

Emergency Contact: _____ _____
Name Phone #

Open to USJF, USJA, and USA Judo members. You must present a current membership card before participating.

USJF / USJA / USA Judo (Circle one): _____ _____
Membership # Expiration Date

If assistance/accommodation is needed, check off appropriate item:

Vision Loss/Blindness: ____ Hearing Loss/Deafness: _____ Other: _____

_____
Specify type of assistance/accommodation requested or name of person assisting

**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., Judo Black Belt Association of Hawaii, Inc., Hawaii Boys & Girls Club Judo, Boys & Girls Club of Hawaii,** and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Judo Black Belt Association of Hawaii, Inc., Hawaii Boys & Girls Club Judo, and the Boys & Girls Club of Hawaii,** 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 |