



Hui-O-Judo Beltsville

Shufu Judo Yudanshakai



Referee Clinic

All levels of referees should attend this clinic!!

Sanctioned by: United States Judo Federation Sanction number: 12-01-10

Clinician: Mr. Rick Celotto
7th Dan; International Judo Federation Class "A" Referee
Referee Education and Training Section of the USA Judo Referee Commission

Date: Saturday, 28 January 2012

Location: Beltsville Academic Center, 4300 Wicomico Avenue, Beltsville, Maryland

Registration: 8:30 – 9:00 AM

Clinic hours: 9 am to 12:30, lunch break 12:30-1pm, 1pm-5pm

Fee: \$ 25.00 Pre register before January 20, 2012
 \$ 35.00 Register after January 20, 2012

Eligibility: Open to current USJF, USJA and USJI primary members. Membership cards must be presented at registration

Topics to be covered:

RULE CHANGES, IF ANY, ADOPTED EFFECTIVE 1 JANUARY 2012
RULE CHANGES THAT TOOK EFFECT 1 JANUARY 2010, INCLUDING
RULE AGAINST “LEG GRABBING” – MOST RECENT INTERPRETATIONS

"DYNAMIC JUDO." This is an operative phrase for the International Judo Federation and involves every aspect of training, coaching, refereeing, and teaching. Understanding the rules and how they are applied, affects play and makes better competitors, referees and coaches. Attend and learn.

All levels of refereeing -- discussion and practice of commands
Live mat time for practice of protocols and signaling
Scoring -- discussion and video review; including on-mat practice
Rule changes plus review of video.

* * Penalties

Other tricky issues in refereeing -- discussion and video review of such subjects as transition between ne waza and tachi waza, osaekomi criteria.

Visit our web site at <http://www.huiojudo.com>
For more information contact Kevin Tamai 703-622-6861

Shufu Yudanshakai Entry Form for January Referee Clinic

Cash/ check # _____

Amount: _____

Sanctioned by: United States Judo Federation sanction #: 12-01-10

Event Director: Kevin Tamai

Name: _____

Home Address: _____

Phone Number: (H) _____ (W) _____

Email address (optional) _____

Club Name: _____

UJSI/USJF/USJA Number(Circle One): _____ Expiration Date: _____

****Only verified, current members will participate!****New and Renewal applications will be taken on site ****

Rank: _____ Sex: M F Age: _____ Date of birth: _____

If assistance/accommodation is needed (check off appropriate box): VisionLoss/Blindness Hearing loss/Deafness

Type of assistance/accommodation requested or name of person requesting assistance _____

Check Verification: Name and address matches entry form and check: Yes No
Name and address match driver license: Yes No

Driver License State _____ Driver License Number _____ Expiration date: _____

Please mail the completed entry form liability waiver and payment to:

Kevin Tamai, 2973 Fox Tail Court, Woodbridge, VA 22192 Attn: Judo Referee Clinic

Payment may be make by CHECK, MONEY ORDER to **M-NCPPC (Maryland National Capital Park and Planning Commission)**: Enclosed is a Check or Money Order for \$ _____.

**You MUST read and sign waiver on back of this form!!
Entries will not be accepted without a completed & signed waiver!!**

