



## COACH CONTINUING EDUCATION CLINIC

Approved by *USJA and USA Judo* for Initial Certification and Recertification

Sept. 17<sup>th</sup> and 18<sup>th</sup> 10 AM to 6 PM



Hosted by **Arkansas Goshinkan**

**USJA Sanction # 16-053**

12267 Hinson Rd. (Meyer Student Pavilion) Little Rock, Arkansas

Clinician – **Ed Thibedeau**

Times: Sat. 9-17 Level 1 10 AM - 2PM Level 2 2 PM - 6PM

Sun. 9-18 Level 3 10 AM - 5 PM

Clinic Fee: \$25 if received by Sept.12<sup>th</sup> \$40 after Sept.12<sup>th</sup>

Clinic attendance required at approved clinics for initial coach certification and to advance to each higher level.

All initial certifications will be at Level 1

Must be current member of USJA, USAJudo. Memberships will be available at clinic.

Certification Requirements: Minimum age is 18 - Minimum rank is Sankyu

Anyone green belt and above interested in learning about coaching is welcome and encouraged to attend.  
Certification is not required.

Clinic will consist of classroom instruction and on the mat demonstrations by participants. Bring your gi, notebook and pen.

Several topics will be covered, such as; Methods of teaching, liability concerns, curriculum development, skill development, utilizing effective drill routines, ethics, risk management ....

Participants should be prepared to demonstrate/teach any of the following utilizing teaching methods discussed during classroom portion:

Warm-up

Conditioning Drill

Throwing combinations

Mat work combinations

Transition from Throwing to Mat work

Mat drills

Point of Contact: Ed Thibedeau 501-541-5386

Mail application and fee to:

Ed Thibedeau

230 Trelon Cr.

Little Rock, AR 72223

Make checks payable to:

**Arkansas Goshinkan**



## ARKANSAS GOSHINKAN

### Waiver and Request To Participate in Coach Continuing Education Clinic 12-1-2012

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (circle one) H W M Phone #: \_\_\_\_\_

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

Member of: JA, USAJudo (circle one) Member # \_\_\_\_\_

Name of Judo Club: \_\_\_\_\_

Chief Instructor's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any health problems? \_\_\_\_\_ Describe: \_\_\_\_\_

I currently consider my physical condition to be (circle one): great good average poor

List any and all physical limitations and current injuries you have: \_\_\_\_\_

Certification Level Sought:

☐ 1 ☐ 2 ☐ 3 ☐ Other

#### **Warning! Waiver, Release of Liability, Request and Agreement to Participate**

I agree that Arkansas Goshinkan, Pulaski Academy, the United States Judo Association, USAJudo, along with their employees, directors, members, instructors, and volunteers shall not be liable for any loss, injury, or damage occurring from or as a result of my participation in this clinic. I acknowledge and fully understand that this clinic includes judo, and related activities which might result in injuries, including serious injuries, traumatic brain injury (TBI), permanent disability, or death. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time. Knowing the risks involved in this clinic, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death. I agree to release, waive, discharge, and covenant not to sue Arkansas Goshinkan, Pulaski Academy, The United States Judo Association, or USAJudo, along with their employees, directors, members, instructors, volunteers, or other participants.

**I have read the above warning, waiver, release of liability and request to participate and understand that I give up substantial rights by signing it. I request and agree to participate knowing the risks and conditions involved and do so entirely of my own free will.**

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_