

HJC Summer 2023 Training Camp
With Masamichi Aoki
Accident Waiver and Official Registration Form

What: Judo Training Camp: Uchikomi, Nagekomi, Waza Kenkyu (Technique Teaching) & Randori
When: May 31 – June 13, 2023
Time: Mondays, Tuesdays, & Thursdays 6:00-8:00pm, Wednesdays & Fridays 7:30-9:00pm,
Saturdays 9:00-11:00am
Location: Honolulu Judo Club
620 Waipa Lane, Honolulu, HI 96817
Cost: \$75 entry fee; additional donations will be accepted.
Participation: Incoming 9th grade to adults; intermediate-level judo required.
Eligibility: Open to USJF & USJA members. Must present card.
More Info: Contact Rena Asano at (808) 829-6041 or honolulujudoclub@gmail.com
Host: Honolulu Judo Club
Sanction Number: 23-05-07

EVENT: HJC Summer 2023 Training Camp with Masamichi Aoki from May 31, 2023 to June 13, 2023. In consideration of the acceptance of my registration, I do hereby for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge any and all rights and claims for damages and losses which I may have or which may hereafter accrue to me against the 50th State Judo Association or Honolulu Judo Club or its successors or assigns, for any and all injuries which may be sustained and suffered by me or my children in connection with my association with or entry in the 50th State Judo Association event, or which may arise out of my traveling to, participating in, and returning from such event.

EMERGENCY CONTACT: _____ PHONE NO: _____
(Name)

(Signature of parent or guardian of
contestant under 18 years of age.)

(Signature of Participant)

Participant's Name: _____
(Please Print) Last First MI

Address: _____ City: _____ Zip code: _____

Phone #: _____ Birthdate: ____ / ____ / ____ Age: _____

Rank: _____ Est. Weight: _____ Sex: M / F

Medical Issues, Physical Limitations: _____

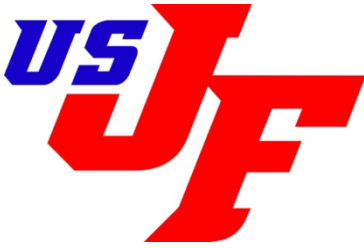
Organization:
____ 50th State Judo Assn. ____ Judo Black Belt Association of Hawaii ____ Hawaii State Judo Assn.

USJF or USJA #: _____ Expiration Date: _____

Instructor's Signature (Verifying participant's age & competence): _____

Club Representing: _____

If assistance/accommodation is needed (check off appropriate box): Vision Loss/Blindness Hearing Loss/Deafness Type of assistance/accommodation requested or name of person assisting: _____



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