

**HUDSON JUDO YUDANSHAKAI**  
**KATA AND KNOWLEDGE PROMOTION EXAM**

**DATE:** Saturday June 16, 2018

**LOCATION:** HCST Athletic Facility, 2100 85<sup>th</sup> Street, North Bergen, NJ. 07047

**TIME:** 3:00 pm

**SANCTIONED BY:** United States Judo Federation # **18-06-05**

**A RECENT PHOTO MUST BE INCLUDED WITH THE APPLICATION**  
**IN ORDER FOR THE PROMOTION TO BE PROCESSED.**

**THIS EXAMINATION IS OPEN TO CURRENTLY REGISTERED USJF, HUDSON JUDO**  
**YUDANSHAKAI MEMBERS ONLY.**

To be eligible to take the exam, candidates must accumulate required points with specified time in grade. Required time in grade and required point totals can be found in the USJF Handbook (Section VI, pages 3 – 6). If you do not have a handbook, you can access the information on the USJF web site, [www.usjf.com](http://www.usjf.com). Please note that time in grade requirement for active competitors is different than for non-competitors. A major promotion criterion for non-competitors is service to Hudson. Non-competitors can contribute by helping at any Hudson event, including the Promotional Shiai. \$15.00 from each entry fee will go to the Hudson Athletes Fund.

**FEE:**     **\$40.00 (non-refundable)** for all candidates wishing to take the exam.

Make check payable to: **Hudson Judo Yudanshakai.**

For more information, call Boris Munoz at 646-961-2153 or [teachmunoz@aol.com](mailto:teachmunoz@aol.com)

Applications: The HJY Recommendation for Promotion Form and the Entry Form and waiver must be postmarked by the date specified below. The application does not have to be typed, but it should be legible and contain your instructor's signature (in Instructor's Endorsement section).

**Please be advised:**

**All applications for Non-Competitors and Yodan and above must be received by the date of the Promotional that precedes the Kata Exam. The reason for this is the time involved in processing these applications. All information has to be verified by the Promotion Committee Chairman. Applications for Shodan, Nidan, or Sandan are due EIGHT days before the Kata Exam. All applicants have to be checked out with the USJF in order to verify that the applicant has a current background check on file and that their membership is up to date. The USJF will not accept a promotion application unless the candidate is up to date. The deadlines are in place so that there will be no delay in the processing of your paperwork once the paperwork is received by the National Office. If you have completed a USA Judo Background Check please mail a copy to the USJF National Office, P.O. Box 338, Ontario, OR 97914-0338.**

SEND APPLICATIONS AND CHECK TO: Hudson Judo Yudanshakai

c/o Boris Munoz, 28 Elm Street, Staten Island, NY 10310

**No applications by registered or certified mail will be accepted.**

**PLEASE NOTE: THE CUT OFF POSTMARK DATE FOR NON-COMPETITORS AND YODAN AND ABOVE APPLICATIONS IS APRIL 28, 2018. SHODAN, NIDAN, AND SANDAN APPLICATION CUT OFF POSTMARK DATE IS JUNE 1, 2018. NO EXCEPTIONS.**

# KATA AND KNOWLEDGE EXAM

## ENTRY FORM

Date: \_\_\_\_\_

Ck # \_\_\_\_\_

Amt. Rec. \_\_\_\_\_

OFFICE USE ONLY

Type or print in ink -- **\$40.00 Entry Fee must accompany this form.** This form must be filled in completely and sent along with the **(Instructor's Endorsement) signed Recommendation Form** to: Hudson Judo Yudanshakai, c/o Boris Munoz, 28 Elm Street, Staten Island, NY 10310

**No applications by registered or certified mail will be accepted.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dojo: \_\_\_\_\_

USJF NO: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**If you are not up to date with your Background Check or Membership you will not be permitted to take the Exam.**

USJF Background Check Complete Yes \_\_\_\_\_ No \_\_\_\_\_

**USJF BACKGROUND CHECKS ARE ONLY VALID FOR FOUR YEARS, IF YOU ARE NOT SURE THAT YOU ARE CURRENT, PLEASE CHECK WITH THE USJF. PROMOTIONS WITHOUT A CURRENT BACKGROUND CHECK WILL NOT BE PROCESSED BY THE NATIONAL OFFICE. Please note that you need a valid Social Security Number in order to apply for a Background Screening.**

Does your membership comply with USJF Regulations? (Current plus one year back registration for Shodan and current plus three years back registration for Nidan and above.) Yes \_\_\_\_\_ No \_\_\_\_\_

Promotion To: \_\_\_\_\_

**BE SURE TO SIGN WAIVER ON THE BACK OF THIS ENTRY FORM**

**SANCTIONED BY: United States Judo Federation # 18-06-05**

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: \_\_\_\_\_

**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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Hudson Judo Yudanshakai, Inc., and Tech Judo**, 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, 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., USA Judo/United States Judo, Inc., United States Judo Association, Inc., Hudson Judo Yudanshakai, Inc., and Tech Judo**, 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

