

Kelly's Capers Judo Clinic

Saturday, June 11, 2011

9 a.m. to 4 p.m.



1 hour Lunch Break from 12 to 1 p.m.

We can call for Pizza Delivery, if folks wish to pitch in for the cost.

**Hosted by Budokan Judo Club & the United States Judo Association
at**

Northeast Community Center

4075 Gordon Stinnett Avenue, Chesapeake Beach, Maryland 20732

Clinic Director – Rev. Marshall R. Coffman

Telephone: 410-474-1088 (c) or 410-257-2621 (h)

USJA Sanction #: 11-053

Kelly's Capers – Course Content

Kelly's Capers will be presented by Pete Mantel, one of six Kelly's Capers trained presenters. Named after its creator (Sid Kelly, 8th dan), Kelly's Capers is an innovative approach for preparing the beginner to participate in and ENJOY standing randori. Insufficient preparation for randori is a major cause of beginner frustration & dropout. In this system, beginners are guided down an innovative learning path, the "Road to Randori" by way of playful jumps or steps. Come and experience this method for yourself and see how it can improve retention in your dojo and everyone's judo!

Clinic Instructor – Mr. Pete Mantel – Godan

- ✓ Thirty-five Years – Judo Experience
- ✓ Chairman – United States Judo Association Coaching Certification Committee (2007)
- ✓ 1990 – 1992 – United States National Judo Institute Team
- ✓ Goodwill Championships, Canada – Master's Gold Medalist (2002)
- ✓ Continental Crown – Silver Medalist
- ✓ Senior National Championships – Master's Bronze Medalist (2005)
- ✓ Instructor/Coach – Coast Guard Judo Club
- ✓ Instructor/Coach – Middle Peninsula Judo Club
- ✓ Trained & Coached By Ed Liddie – Olympic Bronze Medalist
- ✓ Training Partner with Lynn Roethke – Olympic Silver Medalist

Clinic Fees

Instructors (includes manual & DVD):	\$30.00 pre-registered	\$45.00 at the door
Seniors (age 17 – up):	\$25.00 pre-registered	\$40.00 at the door
Juniors (age 13 – 16):	\$20.00 pre-registered	\$35.00 at the door

Note: Pre-registrations must be postmarked on or before June 4, 2011. Please no telephone, fax or email registrations.

Northeast Community Center

4075 Gordon Stinnett Avenue,
Chesapeake Beach, MD 20732
Telephone (410) 257-2554

March 29, 2011

Northeast Community Centerh Location

The entrance to the community center is to the left of Gordon Stinnett Avenue behind the Water Park. Parking for the community center can be found to the right and left of Gordon Stinnett Avenue.

Directions from Annapolis. Maryland

Take Maryland Route 2 South. Take the third exit in the turnabout/circle to continue on MD-2 South for another 6.9 miles to another turnabout/circle. Take the second exit in the turnabout/circle to continue on MD-2 for another 1.2 miles. Turn left at the traffic light onto MD-260 East/Chesapeake Beach Road. In approximately 4.6 miles at a dead-end traffic light turn right onto MD-261/Bayside Road. In approximately .2 mile, turn right onto Gordon Stinnett Avenue. Turn left behind the Water Park to access the community center.

Directions from Baltimore, Maryland

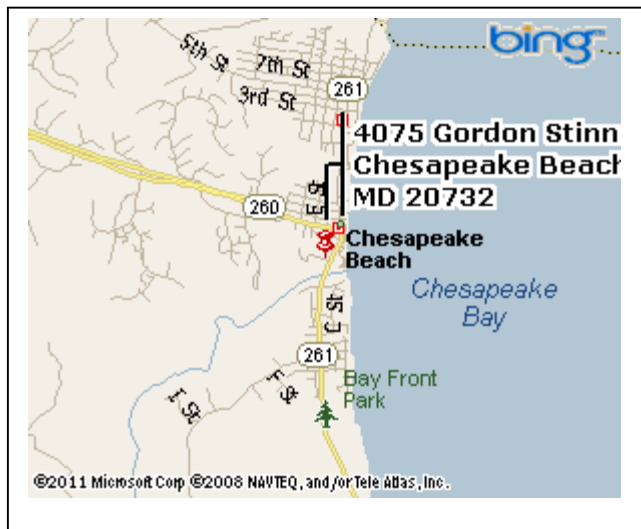
Take Interstate 695 (Baltimore Beltway) to Interstate 97 Exit 4 south. Take I-97 for approximately 17.5 miles. Follow the signs for US-50 East and keep left at the fork. Almost immediately, keep right at the next fork and merge onto MD-665 East. In approximately 1.4 miles, take a right to MD-2 South/Solomon's Island Road. In approximately 11.5 miles take the third exit in the turnabout/circle to continue on MD-2 South for another 6.9 miles to the next turnabout/circle. Take the second exit in the turnabout/circle to continue on MD-2 for another 1.2 miles. Turn left at the traffic light onto MD-260 East/Chesapeake Beach Road. In approximately 4.6 miles at a dead-end traffic light turn right onto MD-261/Bayside Road. In approximately .2 mile, turn right onto Gordon Stinnett Avenue. Turn left behind the Water Park to access the community center.

Directions from the Capital Beltway

Take the Capital Beltway Interstate 95 to Exit 11 Pennsylvania Avenue, Maryland Route 4 southeast, you will stay on Route 4 for approximately 14.2 miles. Take ramp on right to MD-260 East/Chesapeake Beach Road. In approximately 9 miles at a dead-end traffic light turn right onto MD-261/Bayside Road. In approximately .2 mile, turn right onto Gordon Stinnett Avenue. Turn left behind the Water Park to access the community center.

Directions from Richmond, Virginia

Take Interstate 95 north to the Washington DC Capital Beltway. Take the Capital Beltway Interstate 95 to Exit 11 Pennsylvania Avenue, Maryland Route 4 southeast, you will stay on Route 4 for approximately 14.2 miles. Take ramp on right to MD-260 East/Chesapeake Beach Road. In approximately 9 miles at a dead-end traffic light turn right onto MD-261/Bayside Road. In approximately .2 mile, turn right onto Gordon Stinnett Avenue. Turn left behind the Water Park to access the community center.



Hotel Accommodations:

Chesapeake Beach Resort & Spa
4165 Mears Avenue, PO Box 99
Chesapeake Beach, Maryland 20732
410-257-5596 • 301-855-0096 • 866-312-5596
www.cbresortspa.com

20 Minutes Away

Holiday Inn Express Prince Frederick
355 Merrimac Court
Prince Frederick, Maryland 20678
410-535-6800 • 800-565-8815
www.hiexpress.com/princefredrick

SpringHill Suites by Marriott
75 Sherry Lane
Prince Frederick, Maryland 20678
443-968-3000 • Fax 443-968-3001
www.marriott.com/bwipf

Super 8
40 Commerce Lane
Prince Frederick, Maryland 20678
410-535-8668 • 800-800-8000 • Fax 410-535-8668
www.super8.com

Kelly's Capers Judo Clinic

Registration Form

United States Judo Association – Sanction # 11-053

Clinic Director: Rev. Marshall R. Coffman

Participants Full Name: _____
First Middle Last

Date of Birth: _____ Age: _____ Sex: Male Female (Circle One) Judo Rank: _____

Parent's or Guardian's Name: _____
First Middle Last

Home Address: _____
Street, PO Box # Apt #

City State Zip Code

Phone Number: _____ or _____ or _____
Home Work Cell

Judo Club Name: _____

USJA - USJI - USJF (Circle One) Membership Number: _____ Insurance Expiration Date: _____

Health concerns and other important information:

I give permission for photographs of myself or child to appear in USJA's *Growing Judo* magazine, newspapers, other publications and/or Budokan's Website. (Circle One) YES NO

 Signature (Parent/Guardian if under 18)

- *Only verified, current members will participate!*
- *Life Members and Annual Members must have current insurance!*
- *Current insurance/membership must be verified at the registration table.*
- *New and Renewal applications will be taken at the clinic.*

Pre-registration Fee (postmarked on or before 6/4/11): (Circle One)	<u>\$30.00</u> Instructor	<u>\$25.00</u> Senior	<u>\$20.00</u> Junior
Registration Fee (after 6/4/11 or at the door): (Circle One)	<u>\$45.00</u> Instructor	<u>\$40.00</u> Senior	<u>\$35.00</u> Junior

Please make checks payable to "Marshall R. Coffman." Sorry, no Credit Cards!

Please mail the completed registration form, liability waiver and payment to:

Marshall R. Coffman
9902 Jonathan Drive
Dunkirk, MD 20754-9722

Registrations will not be accepted without a completed & signed waiver!



WARNING, WAIVER AND RELEASE OF LIABILITY AND AGREEMENT TO PARTICIPATE

All previous forms are obsolete and should not be used.
21 North Union Boulevard, Suite 200, Colorado Springs, Colorado 80909-5742
Toll Free Number: (877) 411-3409 Telephone: (719) 633-7750 Fax: (719) 633-4041
Web site: www.usja-iudo.org Email: membership@usja-iudo.org

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 of the **United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body, Budokan Judo Club of Calvert County, Judo for Jesus Ministry and Calvert County Parks & Recreation.**

I hereby:

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo.
2. Agree 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. Acknowledge and fully understand that I will be engaging in a contact sport that might result in serious injury, 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 risk involved in the sport of Judo, I assume all such risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
5. Release, waive, discharge and covenant not to sue the **United States Judo Association, Inc., United States Judo Federation, Inc., United States Judo, Inc., State Governing Body, Budokan Judo Club of Calvert County, Judo for Jesus Ministry and Calvert County Parks & Recreation** together with their affiliated clubs, their respective administrators, directors, agents, coaches and other employees or volunteers of the organization, event officials, medical personnel, other participants, their parents, guardians, supervisors and coaches, sponsoring agencies, sponsor 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 claims, demands, losses or damages on account of injury, including permanent disability and death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise to the fullest extent permitted by law.

I HAVE READ THE ABOVE WARNING, WAIVER AND RELEASE, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT VOLUNTARILY. 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 I CONSENT OF MY PARENTS/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

Participant (print)

Participant's Signature

Date

FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/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 in these programs as provided above, even if arising from their negligence, to the fullest extent by law. I have instructed the minor participant as to the above warnings and conditions and their ramifications.

Parent's/Guardian's Name (Print)

Parent's/Guardian's Name Signature

Date