

# Referee Clinic

## USJF Local/Regional Certification

**Clinician: Cal Kitaura, 6<sup>th</sup> Dan**  
Head Instructor, Palo Alto Judo Club  
PJC Continental Level Referee

USJF SANCTION 18-04-19

The clinic will cover the latest interpretations for rules and be of great value for Referees, Coaches, and Competitors alike:

- Referees → Improve your “game” and get ready for further advancement
- Coaches → Learn how Referees are being guided and prepare athletes accordingly
- Fighters → Learn how to seek ethical advantages and avoid surprises on the mat

**Sponsors:**  
CENCO

**Saturday, April 21, 2018**  
**Clinic**

10:00 am ~ 3:00 pm

City College of San Francisco –  
Ocean Campus, 50 Phelan Ave, San  
Francisco, CA 94112, USA

**Sunday, April 22, 2018**  
**Practical Certification**

9:30 am ~ 5:00 pm

City College of San Francisco –  
Ocean Campus, 50 Phelan Ave, San  
Francisco, CA 94112, USA

Saturday clinic may include practical and class presentation, written exam.

**Participants do NOT need to bring and wear their Judo gi at the Saturday session.**

Sunday will include practical certification by allowing attendees to referee.

**PLEASE wear appropriate referee attire on Sunday (white polo, grey pants, and black socks).**

Eligibility: Participants must present current USJF, USJI or USJA membership card. Those without a valid registration will be required to register with USJF or USJA at registration desk to be allowed to participate in the clinic.

Must be present both days to receive USJF referee certificate.

**Registration fee: \$25.00 for CENCO members, \$30 for others.**

Cash or check payable to  
“CENCO”

# Referee Clinic

Saturday, Saturday, April 21, 2018 – Sunday, April 22, 2018  
USJF SANCTION 18-04-19

**Participant's Name**

Last

First

Street Address

City

State

Zip

Telephone

Emergency Contact

Emergency Contact Phone

Date of Birth: MM/DD/YY

Age

Sex

Male

Female

Organization

USJF  USJA  USJI (USA Judo)

Membership #

Expiration Date

Club:

Yudanshakai (If Applicable)

**Email (required – test results/certificates will only be sent electronically)**

Rank:

If assistance/accommodation is needed:  
(check appropriate box)

Vision Loss/Blindness  Hearing Loss/Deafness

Type of assistance/accommodation requested or name of person assisting: