# 2024 Joshi Judo Camp

Jefferson City Judo Club Jefferson City, MO



June 7-9 2024

www.facebook.com/KeikoFukudaJoshiJudo

# Registration coming Contacts soon!

USJF #24-06-03

### **Airport options:**

Columbia Regional Airport (19 miles away) Lambert- St Louis International Airport (122 miles away)

### **Hotel Options:**

Capital Plaza Holiday Inn and Suites

### www.fukudajudocamp.org

Brenda Strech <u>bstrech@fukudajudocamp.org</u> 707-332-9856

Sensei Eiko Shepherd 618-781-5157



## About Us

"Be Strong, Gentle and Beautiful in Mind, Body and Spirit" is Sensei's motto. At Joshi Judo Camp, participants get instruction and practice to develop as women judoka. It is a great weekend to refocus back on the principles of judo and of being a woman.

The weekend is focused on sessions that include both shiai (competition) and kata (form) techniques.

We encourage women and girls of all ages to attend to help build our community.

# 2024 Clinicians



### EIKO SHEPHERD - 8th Dan

Instructor at Joshi Judo Camp (1990 – Present)
Former Instructor Mastudo Police Department
First woman to compete in Japan against a man at
the Kodokan!
USA Judo International Coach
USA Judo National A Kata Judge (All 7 Katas)
1993 Women's Head Coach for US Olympic Festival
1995 World Bench Press Champion
Owner & Head Instructor – Kito-Kan Judo Club, St.
Louis, Missouri
Originally from the Kodokan – Tokyo Japan



### **AMARILIS SAVON CARMENATE**

Former Cuban Competitor and Olympian, Amarilis
Savon now resides in Florida as a head coach. Her
competitive accomplishments are certainly impressive
2004 Olympics Athens 52kg - Bronze
1996 Olympics Atlanta 48kg- Bronze
1992 Olympics Barcelona 48 kg - Bronze
2003 World Championships 52kg - Gold
1999 World Championships 48kg - Silver
1997 World Championships 48kg - Silver

1995 World Championships 48kg – Bronze 2003 Pan American Games 52kg – Gold 1999 Pan American Games 48kg – Gold 1995 Pan American Games 48kg – Gold



### 2024 Keiko Fukuda Joshi Judo Camp

Friday Jun 7 – Sunday Jun 9, 2024

http://www.fukudajudocamp.org

**USJF Sanction # 24-06-03** 

### Location:

Jefferson City Judo Club 1301 Creek Trail Dr Jefferson City, MO 65109

Be Strong, Gentle and Beautiful in

Mind, Body and Spirit is Sensei's motto. At Joshi Judo Camp, participants get instruction and practice to develop as female judoka. Joshi Judo Camp is a fun-filled weekend program that features instruction on kata as well as competitive judo.

### **Instructor:**

### Eiko Saito Shepherd - 8th Dan

- Instructor at Joshi Judo Camp (1990 Present)
- Former Instructor Mastudo Police Department
- Former Instructor Southern Illinois University
- Former Shiai Competitor (First woman to compete with Man at the Kodokan)
- USA Judo Certified International Coach
- USA Judo Master Level Class A National Judo Teacher
- USA Judo National Class A Kata Judge (All 7 Katas)
- USJF Class A Kata Instructor
- USJF Kata Chairperson
- USA Judo Vice Kata Chairperson
- National Youth Kata Coordinator (1997 -present)
- 1987 Recipient Ferguson School District Outstanding Contributor to Education Award
- 1993 Women's Head Coach for US Olympic Festival
- 1995 World Bench Press Champion
- Originally from the Kodokan Tokyo Japan
- Judo Instructor St. Louis Jr. College

### 2024 Joshi Judo Camp Guest Instructor:

#### **Amarilis Savon Carmenate**

- 2004 Olympics Athens 52kg Bronze
- 1996 Olympics Atlanta 48kg- Bronze
- 1992 Olympics Barcelona 48 kg Bronze
- 2003 World Championships 52kg Gold
- 1999 World Championships 48kg Silver
- 1997 World Championships 48kg Silver
- 1995 World Championships 48kg Bronze
- 2003 Pan American Games 52kg Gold
- 1999 Pan American Games 48kg Gold
- 1995 Pan American Games 48kg Gold

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

# Keiko Fukuda Joshi Judo Camp Registration USJF Sanction # 24-06-03

Register Online - https://forms.gle/MuaPcpkJrjbxRYW48 or complete this form

Please	type	or	print	legibly
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First Name:				Middle:				Last:		
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Dojo Name:									Instructor's Name:	
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□ USJF	[	□ USJ	A	□ <b>U</b>	J <b>SJI (</b> U	JSA Judo	)			
Card #:						E	Expiration	n Date:		
If assistance/accommodation is needed: Usion Loss/Blindness UHearing Loss/Deafness (Check appropriate box)  Type of assistance/accommodation requested or name of person assisting:										
Camp Fees:										
☐ 3 days tra	inina						ore 5/7/2 0.00	024*	After 5/7/2024 \$300.00	Total \$
-	·						5.00		\$225.00	\$
☐ 2 days training										
☐ 1 day trai	ning					\$10	0.00		\$150.00	\$
* Discount ra	ate mus	st be po	ostmark	ed by 5	/7/2024	1				
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T-Shirts One T-Shirt is included for 3-day campers registered by 5/7/2024 Additional T-Shirts \$25.00 each (must be ordered by 5/7/2024)										
	Kids (	Short S	leeve)	Adult	Short S	leeve)				
Size	M	L	XL	S	M	L	XL	XXL		
QTY									Extra T-shirt Total	\$
									Total Enclosed	\$

Mail Completed Registration Form, Waiver and Check payable to "Keiko Fukuda Joshi Judo Inc." to: Elaine Abad 570 Merlot Drive Fremont, CA 94539

### **Hotel Accommodations**

For those who need Hotel accommodations, there are 2 options

<u>Capital Plaza</u> 415 W McCarty St

Jefferson City, MO 65101 (573) 635-1234

### **Holiday Inn and Suites**

1590 Jefferson St Jefferson City, MO 65109 (573) 658-9077

<u> </u>	Arriving Flight Airline Date & Time	Departing Flight Airline Date & Time

Questions?

Email: registration@fukudajudocamp.org

# 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., Chicago Judo Black Belt Association, Inc., Jefferson City Judo Club, LLC, Jefferson City Parks and Recreation, Jefferson City Athletic Center, and the officers, employees, volunteers, and agents, 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, including United States Judo Federation, 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 (Releasees), 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., Chicago Judo Black Belt Association, Inc., Jefferson City Judo Club, LLC, Jefferson City Parks and Recreation, and Jefferson City Athletic Center, 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
	LEGAL GUARDIANS OF PARTICIPANTS OF I UNDER AGE 18 AT TIME OF REGISTRATION	
release, as provided above, of all tindemnify and hold harmless the participation including litigation exminor child's participation in these	gal guardian with legal responsibility for this particip he Releasees, and, for myself, my heirs, assigns, and Releasees from any and all liabilities incident to spenses, attorney fees, loss, liability, damage or costs to programs as provided above, even if arising from the the minor participant as to the above warnings and c	I next of kin, I release and agree to my minor child's involvement or which may incur as the result of the heir negligence, to the fullest extent
Parent/Legal Guardian	Parent/Legal Guardian's Signature	Date



### UNITED STATES JUDO FEDERATION

### **Medical Committee**

 Mailing Address:
 Telephone:
 FAX:
 Internet:

 PO Box 338
 (541) 889-8753
 (541) 889-5836
 www.usjf.com

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### **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. <u>However, COVID-19 vaccines are highly encouraged.</u>

### 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

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