



# The Nick Delpopolo Clinic Saturday, September 12th, 2015 Plano, Texas

## For Adults and Kids

### PLANO, TEXAS

#### LOCATION

Eastside Dojo • 3420 K Avenue, Suite 303 • Plano, TX 75074  
phone: 469-443-0303

#### SCHEDULE

8:30AM - 9AM Registration/check in  
9:30AM -11:30AM Juniors  
12:30PM - 2:30PM Adults  
3:30PM - 5:30PM Judo for BJJ

#### SANCTIONED BY USA JUDO

All participants must be current USA Judo, USJF or USJA members.  
(you may register with USA Judo at the clinic)  
Sanction #pending

#### ENTRY FEES

Juniors- \$40 (12 and under) Adults \$50 (13 & up)  
**\$10 discount for online registration by 9/11/15**  
**Online registration at JUDOCOMP.COM**  
Family member discount 1st is full price, 2nd minus \$10, 3rd minus \$20

#### STAFF CONTACTS

Ken Scialo, ph 214-762-2222 kscialo@eastsidedojo.com  
Ken Patteson, ph 214-236-0427 kpatteson@eastsidedojo.com

**SPACES ARE LIMITED– MAIL EARLY TO RESERVE A SPOT  
SEND COMPLETED ENTRY AND WAIVER TO:  
EASTSIDE DOJO 4924 WOODALL ST. DALLAS, TX 75247  
CHECKS PAYABLE TO EASTSIDE DOJO**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY,ST,ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ RANK \_\_\_\_\_ USA JUDO# \_\_\_\_\_  
(MUST PRESENT CARD)

CLUB \_\_\_\_\_ COACH \_\_\_\_\_ COACH'S CELL \_\_\_\_\_

**THE MARTI MALLOY CLINIC**  
**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 the Nick Delpopolo Clinic and related activities of **United States Judo Inc., Texas Judo Inc., the United States Judo Federation, the United States Judo Association, Dallas Judo, Inc., Eastside Dojo, and Shufu Judo Yudanshakai.**

I hereby,

1. Acknowledge that I am familiar with the sport of Judo and understand the rules governing the sport of Judo and the importance of following these rules.
2. Agree that prior to participating, I will inspect the mats, equipment, facilities, competition pools or divisions, and the elimination or scoring system (if applicable) to be used, and if I believe anything is unsafe or beyond my capability, I will immediately advise my coach, supervisor or a tournament official of such condition(s) and refuse to participate.
3. Acknowledge and fully understand that I will be participating in a sport that might result in serious injury, including permanent disability or death, and severe social and economic loss due not only to my actions, inactions, or negligence, but also to the action, inaction, or negligence of others, the rules of Judo, or the 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 Judo, I assume that risk and accept the responsibility for the damages following such injury, death or permanent disability.
5. Release, waive and discharge and covenant not to sue **United States Judo Inc., Texas Judo Inc., the United States Judo Federation, the United States Judo Association, Nick Delpopolo, Dallas Judo, Inc., Eastside Dojo, and Shufu Judo Yudanshakai** together with their affiliated clubs, their respective administrators, directors, agents, coaches, and other employees or volunteers or the organization, event officials, medical personnel, other participants, their parents, guardian(s), supervisors, and coaches, sponsoring agencies, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used to conduct the event, all of whom are hereinafter referred to as "releasee", from any or 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 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 TO DO SO ENTIRELY OF MY 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/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.**

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Participant's Printed Name	Participant Signature	Date
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**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 PERMITTED BY LAW. I HAVE INSTRUCTED THE MINOR PARTICIPANT AS TO THE ABOVE WARNINGS AND CONDITIONS AND THEIR RAMIFICATIONS.**

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Parent or Guardian's Printed Name	Parent or Guardian's Signature	Date
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