

Local Referee Judo Rules Clinic and Judo Clinic/Scrimmage for Beginners

Sanction and Fee:	USJA Sanction # 24-002	Clinic Fee: \$15
Eligibility:	USJA or USJF membership card. Must show proof of membership. USJA Membership forms will be available. USJA 10-day memberships for \$10 are also available	
Date and Times:	February 11, 2024 10:00 am–1:00 pm	(Registration 9:30 – 10:00)
Location:	Veteran's Memorial Hall, 31 West Broadway, Derry, NH 03038	
Clinic Times:	10:00 am – 1:00 pm	Waivers must be signed for all participants. Parents/guardians must sign for minors.
Referee Rules Clinic:	10:00 am – 11:30 am	
Judo Clinic for Beginners:	10:00 am – 11:30 am	Modified IJF rules will be used. Specific techniques may not be allowed in some age groups for the safety of the players.
Judo Scrimmage:	11:30 am – 1:00 pm	

Local Referee Judo Rules Clinic – Clinician Roger Lenfest, National Referee

This clinic is designed to provide a foundation for new referees to gain confidence and to prepare for their USJA Local Referee Certification, as well as a review for more experienced referees on the current IJF Judo Rules and interpretations. During the clinic we will go over scoring, hand signals, penalties, positioning, movement, and calls. We will learn concepts through questioning and discourse as well as through practical mat work, and application during the scrimmage. New referees will be supported by and get feedback from experienced referees. Participants are encouraged to test for their local certification at the Keene YMCA Judo Tournament on February 18, 2024.

Judo Clinic and Scrimmage for Beginners – Clinician Chris Veziris, Shichidan

The first half of the clinic will provide beginners and intermediate players with little shiai experience with a technical clinic centered on gripping, movement, techniques, combinations, and counters. In the second half of the clinic, participants will be grouped by **age, weight, and experience** to participate in a scrimmage, where they can practice their skills and get feedback from the clinicians and their participating coaches.

Registration Form

Last Name: _____ First Name: _____ Age: _____ Sex: _____
Club: _____ Rank: _____ Membership Card: _____
Street Address: _____ City/Town: _____ State: _____
Email Address (optional): _____