

*The Mayo Quanchi Judo Team, the USJA, the LJCI,  
Acadian Judo, and the ULL Judo Club announce:*

# ***Mayo Quanchi Summer Clinic 2008*** ***The Southern Preview***

**Open to judoka of all levels. Coaches are welcome.**  
**This clinic is a great opportunity to train with Serge Bouyssou, Head Instructor of the Mayo Quanchi Judo Club and one of the top Judo coaches in the entire United States. The Mayo Quanchi Elite Summer Training Camp, hosted in Rhode Island, might be the top U.S. Training Camp in the country, and we are fortunate enough to have him come to Louisiana to give us a preview of what is coming this year.**

**A few of Sensei Bouyssou and the Mayo Quanchi Judo Team's accomplishments are as follows:**

**Serge's Coaching Accolades:**

2002 United States Judo Association Coach of the Year  
2004 United States Olympic Commission's Volunteer Coach of the Year  
2005 USOC's Development Coach of the Year.

**A Few of Mayo Quanchi's Numerous Competitive Achievements:**

2003 – 17 medals at junior national tournaments  
2003, 2004, 2006, 2007 – Team trophy at the Am-CANs Intl. Judo Challenge  
2003 – Liberty Bell Judo Classic  
2004 – 30 medals in junior national tournaments (including 13 gold)  
2004 – Two triple-crown winners (Winners of USJI, USJF & USJF Jr. Nat.)  
2004 – Gold Medalist and 5<sup>th</sup> Place Finisher at Junior Tokyo Intl. Tournament  
2005 – Gold Medalist & 2 Bronze Medalists in Infantile Pan Ams  
2006 – 2 Gold, 2 Silver, & 1 Bronze in Infantile Pan Ams  
2007 – 15 Medalists (including 4 Gold Medalists) at US Junior Open  
2007 – 14 Medalists (including 4 Gold Medalists) at National Junior Olympics

**When:** Saturday, June 7, 2008

**Where:** University of Louisiana at Lafayette  
Bourgeois Hall  
225 Cajundome Blvd  
Lafayette, LA 70508

**Hosts:** Acadian Judo  
ULL Judo Club  
Louisiana Judo Council, Inc.  
United States Judo Association

**Contact:** Jeff Miller  
337-303-2096  
[jefmlrjudo@yahoo.com](mailto:jefmlrjudo@yahoo.com)

**Fee:** \$60 (USJA or USJF Insurance required)

**Specials:** **Early Registration Special**

\$50 Pre-Registration Fee if postmarked by May 15, 2008.

**Family Special**

\$50 for 2<sup>nd</sup> Family Member  
(\$40 if rec'd before 5/15/08)

\$35 for 3<sup>rd</sup> Family Member  
(\$25 if rec'd before 5/15/08)

\$25 for each additional Family Member  
(\$15 if rec'd before 5/15/08)

**Club Special**

Clubs in Louisiana will get 1 free admission to clinic for each 10  
Judoka that pre-register by 5/15/08.

Clubs outside of Louisiana will get 1 free admission for each 5  
Judoka that pre-register by 5/15/08.

**NEW USJA Members Prices**

First Time USJA members can sign up for the USJA at the clinic (or  
during pre-registration) for an additional \$25 per person over their  
normal clinic fee.

**Send Payments [Payable to Acadian Martial Arts] and Registration to:**

Acadian Martial Arts  
107 Mimosa Place  
Lafayette, LA 70508

**Training Schedule: (Subject to Change)**

Saturday, June 7, 2008:

7:00 am – 8:00 am	Registration
8:00 am – 9:00 am	Warm Up and Selected Drills
9:00 am – 10:00 am	Ne Waza Technical Training
10:00 am – 11:00 am	Ne Waza Drills and Randori
11:00 am – 12:30 pm	LUNCH
12:30 pm – 2:00 pm	Tachi Waza Technical Training
2:00 pm – 3:00 pm	Tachi Waza Drills/Randori
3:00 pm – 4:00 pm	Additional Technical Training
4:00 pm – 6:00 pm	Mock Shiai Style Randori
6:00 pm – 7:30 pm	BREAK
7:30 pm – 9:30 pm	Dinner with Clinicians at Cajun Restaurant

**Food & Drink:**

- Water fountains are available on site, and participants are welcome to bring their own water (in covered, plastic bottles).
- There are numerous eating establishments, including McDonalds, Burger King, Subway, etc., within a few minutes drive. Maps available at clinic site.

**Lodging:**

**Hilton Garden Inn Lafayette/CajunDome Inn**     **\$99 per night + tax**  
2350 West Congress St.     Phone: 1-337-291-1977  
Lafayette, Louisiana, USA 70506     Fax: 1-337-237-0400  
Hilton Garden's Inn is located walking distance from the clinic site.  
Mention "**JUDO**" and the rooms are \$99.00 per night (\$110.88 with tax).

**Ramada Inn – Lafayette**     **\$58.45 per night + tax**  
120 E Kaliste Saloom Rd.     Phone: 1-337-235-0858  
Lafayette, LA, 70508     Fax: 1-337-232-8022  
Located 3.25 miles (>10 min. drive) from clinic site  
Mention "**JUDO**" and the rooms are \$58.45 per night (\$65.46 with tax).

**Additional Information:**

Clinic T-Shirts will be on sale for \$12 each or 2 for \$20.

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**REGISTRATION FORM**

**MAIL TO: Acadian Martial Arts**  
**107 Mimosa Place**  
**Lafayette, LA 70508**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work/Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

Club Name: \_\_\_\_\_ Primary Art: \_\_\_\_\_

Rank: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Club Instructor: \_\_\_\_\_

USJA/USJF Member Number: \_\_\_\_\_ Exp.: \_\_\_\_\_

Additional Family Members signed up for clinic:

[NOTE: Each must fill out a separate registration and waiver]

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Judogi Size: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

[NOTE: If this is not the PRIMARY Family Member Registration, please list the name of the primary registrant here: \_\_\_\_\_]

\_\_\_\_\_  
Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if under 18)

\_\_\_\_\_  
Date

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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 and Judo tournament, practice, clinic, and related events and activities of the United States Judo Association, United States Judo Federation, United States Judo, Inc., Louisiana Judo Council, Inc., Acadian Martial Arts, L.L.C., Acadian Judo Club, University of Louisiana at Lafayette and Mayo Quanchi Martial Arts Academy, 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 risks 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, United States Judo Federation, United States Judo, Inc., Louisiana Judo Council, Inc., Acadian Martial Arts, L.L.C., Acadian Judo Club, University of Louisiana at Lafayette and Mayo Quanchi Martial Arts Academy, Heirs, Assigns and next of kin, 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, sponsors, advertisers, and if applicable, owners, lessors, and lessees of premises used in conducting the event, all of whom are hereinafter referred to as releasee, 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 releasee 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 CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW.

\_\_\_\_\_  
Participant's Printed Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**For Parents/Guardians of Participants of Minority Age** (Under age of 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.

\_\_\_\_\_  
Participant's Parent's Name

\_\_\_\_\_  
Participant's Parent's Signature

\_\_\_\_\_  
Date

**MEDICAL RELEASE FORM**

FUNCTION: \_\_\_\_\_

PLAYERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP CODE: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SEX: \_\_\_\_\_ S.S. NUMBER: \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ ALT. PHONE (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY PHONE NUMBER OTHER THAN PARENT OR GURDIAN**

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_

PRIMARY MEDICAL INS. CO: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

KNOWN ALLERGIES OR OTHER PERTINENT MEDICAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

Recognizing the possibility of physical injury associated with judo and in consideration for the USJA, USJF, USJI, LJCI, Acadian Martial Arts, Acadian Judo, ULL, Mayo Quanchi Martial Arts Academy and all the affiliates accepting the registrant for its martial arts programs and activities (the programs) I hereby release, discharge and/or otherwise indemnify the USJA, USJF, USJI, LJCI, Acadian Martial Arts, Acadian Judo, ULL, Mayo Quanchi Martial Arts Academy, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the mats and the facilities utilized for the programs, against any claim by or on behalf of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical exam by a physician and has been found physically capable of participating in the programs.

Therefore, I grant \_\_\_\_\_ and/or \_\_\_\_\_  
Permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**POWER OF ATTORNEY**

**If contestant is under the age of 18 years, this document must be completed by the contestant’s parents or legal guardian if the parent or legal guardian is not attending the Clinic. The person(s) named should be the adult who will be attending the Clinic with the minor child. The effective dates must include June 6 – June 8, 2008.**

I certify that I am the parent or legal guardian of \_\_\_\_\_,  
a minor. I will not be in attendance at the Clinic and do hereby designate the  
following individual(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

, who is/are over 21 years of age, to be my true and lawful attorney, to act in my name, place and stead, to do any and every act and exercise any power that I might or could do or exercise through any other person and that he/she shall deem proper or advisable, intending hereby to vest in the person acting for me full power and authority to do and perform all and every act and thing.

Effective Dates:

From June \_\_\_\_\_, 2008 through June \_\_\_\_\_, 2008.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date