



2010 National Club *Registration Application*

Instructions:

1. Please type or print all information legibly.
2. All information **MUST** be completed
3. Submit your completed application first to your Group "B" Organization
 - a. **Include a check made payable to USA Judo for \$50.00.**
 - b. If your state has a club fee include a separate check made payable to your state organization for the appropriate amount.
4. If club coach/teacher has not had a background screen enclose the Background Screen application completed with a check for \$16 written out to SSCI. This screen is valid for four years if previously done.

Name of Club: _____
(Submit name exactly as you would like to appear on certificate)

Mailing Address: _____
P. O. Box or Street Address

City State Zip Code

If the above is not the physical address of the club, please provide actual club location information:

Facility address – Number & Street location

City State

Club Contact: Name: _____
Mailing Address: _____
P. O. Box or Street Address

City State Zip Code

Phone Contact: Home: () _____
Work: () _____
Club: () _____

E-Mail Address: _____

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USA Judo Club Registration

Days and Hours of Club Operation (For Judo Purposes ONLY)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Effective January 1, 2004 all USA Judo member clubs must have a **USA Judo** recognized "Certified Coach" or "Certified Teacher" as the Instructor/Coach of record. Additionally, the individual must have undergone or must undergo a background screening in keeping with USA Judo's Sex Abuse Molestation, and Physical Abuse Policy and Screening. A copy of this policy and the Consent/Release Form for Background Screening accompanies this application.

Please identify the qualified individual below and include a copy of the current certificate:

Name: _____ Date of Birth: _____

Certification Level Held: _____ Issued by What Organization: _____

Date of Current Certification: _____ Date of Expiration: _____

Is your club registered with either USJA or USJF? No Yes If yes which JA JF

Identify a minimum of five (5) individuals and their current **USA Judo** membership numbers, who hold membership in this club,

	Name (Please Print)	Expiration Date	Card Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

CLUB NAME:

<i>For Group "B" Use Only</i>			
Name of Group "B":			
Date Application Received from Club:			
Individual Processing This Application:			
Group "B" Fee Received:	Amount:	Cash:	Check Number:
Verification of Club in Good Standing with above Group "B"			
Date Application forwarded to USA Judo National Office:			

<i>For USA Judo National Office Use Only</i>						
Date Received at USA Judo National Office:						
Payment Record:	Check Number:	Amount of Check:				
Coach/Teacher Verified:	Members Verified:					
Background Screen:	Rec'd Date:	Check #	Amt:	Passed:	Review:	
CD: Yes	No					
Date Club Certificate Mailed:						
Note(s) or Comment(s):						

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<i>USA Judo Club Registration No.</i>
