

**USA JUDO
COACH APPLICATION
Section I: Personal Information**

Date of Application: _____ Revised : July 15, 2001
 Name: _____
 (First name).....(MI).....(Last name)
 Address: _____
 City: _____ Street: _____ Zip: _____
 Phones: (home) _____ (work) _____
 (fax) _____ (E-mail) _____
 Rank: _____ USJI _____ USJF _____ USJA.....Membership # _____
 Date of Birth: _____ Age: _____ Sex: M F
 Dojo/Club: _____
 Years in judo as a: Player: _____ Sensei: _____ Coach: _____

Please indicate the level of coaching provided to your athletes:

Juniors: local: _____ regional: _____ national: _____ international: _____
 Seniors: local: _____ regional: _____ national: _____ international: _____
 Physically or visually challenged:
 local: _____ regional: _____ national: _____ international: _____

Section II: Coaching Experiences

A. List Previous and Current Local, Regional & National Coaching Experiences

Date	Dojo or Event Name	Location	Level

B. List Previous and Current International Coaching Experiences

Date	Event Name	Location	Level

C. List Continuing Educational Experiences. Training Camps, seminars, and coaching clinics, workshops (use additional sheets as necessary)

Date	Activity	Instructor/Facilitator

D. List highest degrees attained, school attended, year of degree conferral, and field of specialty, if applicable. (Submit copy of license(s) with application)

Degree	School Name	Year	Field of Specialty

E. List any other continuing education coursework, credentials, certifications, or educational experiences appropriate to this application. We are particularly interested in coursework and experiences related to sport/exercise physiology, anatomy, sport psychology, health and nutrition, medicine and first aid, completion programs such as PACE, ACEP, etc. Append additional pages as necessary. (Submit copy of all certifications and licenses with application)

Year	Experience/Course or Program Name

Section III: Other Information

F. List any other information you would like to provide the USJI NCTS in processing your application (i.e. foreign languages, special interest, experiences and coaching aspirations.)

Section VII: Verification

I verify that the information provided by me in this application is true.

printed name.....signature.....date

When completed, this form and all attachments should be mailed to
 USA Judo Coach Education & Development
 Wayne Cunningham
 169 Poppy Ct.
 Hercules, Ca. 94547

If you have any questions, please contact:
 Wayne Cunningham
 510-799-9906
 Fax 510-313-0169
 e-mail uscoaches@pacbell.net

Do not write below this line; NCTS use only
 Date received: _____ Computer Entry: _____
 Initial Classification: _____ Coach Registration # _____
Level E _____ **Level D** _____ **Level C** _____ **Level B** _____ **Level A** _____