



2007 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 \$25.00.
 - 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. 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: _____

- *Continued* -

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

| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-----|-----|------|-----|-------|-----|-----|
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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> |
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