



**2008 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: _____

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USA Judo Club Registration
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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>
