UNITED STATES JUDO, INC. (USJI) & UNITED STATES JUDO FEDERATION, INC. (USJF)

Individual Membership Application

Use This Application To Join Or Renew Membership In USJI, USJF, Or BOTH Organizations. Choose One Primary Membership And Optionally, One Secondary Membership. Excess Accident Medical Insurance Is Included With The Primary Membership

1. Last Name	2. First Name	3. Middle Initial	4. Application Date

5. Address

6. City	7. State	8. Zip Code	9. Phone	10. FAX
			( )	( )

11. Date of Birth	12. Age	13. Sex	14. Citizenship	15. Judo Affiliations
		❑ Female ❑ Male	❑ U.S.A. ❑ Non-U.S.A.	❑ USJA ❑ USJF ❑ USJI

16. Judo Rank	17. Rank #	18. USJF Life #	19. USJI Life #	20. Renewal	21. USJF ID #	22. Previous USJI ID #
				❑ USJF ❑ USJI		

23. Club/Dojo	24. Yudanshakai (USJF)	25. State Organization (USJI)

26. Name & Address of Insurance Beneficiary

27. The following information is required by the U.S.O.C. Select **ONE CHOICE** In Each Category In Which **PRIMARY** Function Is Performed.

CLASSIFICATION	STATUS	PROGRAMS	
❑ JUNIOR	❑ COMPETITOR	❑ HIGH SCHOOL	❑ NGB
❑ SENIOR	❑ NON-COMPETITOR	❑ COLLEGE	❑ STATES
❑ MASTER	❑ COACH	❑ COMMUNITY	❑ INTERNATIONAL
❑ KATA	❑ REFEREE	❑ ARMED FORCES	❑ OTHER

28. Date Received At National Office

29. Registration Fees - Choose ONE Primary And, Optionally, ONE Secondary Membership. Consult Your Registration Chairperson For Other Types.

Primary $50.00	Secondary $15.00	Life Members		Other Types	Total Enclosed
❑ USJI	❑ USJI	❑ USJI Life	$45.00	❑ Other _____ $_____	$_____
❑ USJF	❑ USJF	❑ USJF Life	$42.50		

30. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND I AM ELIGIBLE TO BE A MEMBER IN ACCORDANCE WITH THE RULES OF THE UNITED STATES JUDO, INC. (USJI) AND/OR THE UNITED STATES JUDO FEDERATION, INC. (USJF).

X Signature of Applicant	Date	X Signature of Parent/Guardian (if applicant under 18)	Date

WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, THE APPLICANT, STATE THAT I AM 18 YEARS OF AGE OR OVER AND AGREE TO RELEASE, WAIVE AND DISCHARGE, TO THE GREATEST EXTENT PERMITTED BY LAW, UNITED STATES JUDO, INC. (USJI) AND UNITED STATES JUDO FEDERATION, INC. (USJF) FROM OR FOR ALL CLAIMS, DEMANDS AND CAUSES OF ACTIONS OR ANY OTHER LIABILITIES WHICH MAY ARISE BY VIRTUE OF INJURIES OR DAMAGES CAUSED IN CONNECTION WITH OR ARISING OUT OF MEMBERSHIP WITH USJI AND/OR USJF, AND THE ACTION OR LACK THEREOF OF USJI AND/OR USJF, AND AGREE THAT I KNOW AND UNDERSTAND THE RISKS INVOLVED IN THE SPORT OF JUDO AND DO HEREBY ASSUME THESE RISKS AND ACCEPT THE RESPONSIBILITY FOR ANY DAMAGES OR INJURIES BY ENGAGING IN THE CONTACT SPORT OF JUDO.

X		
SIGNATURE	PRINTED NAME	DATE

I STATE THAT I AM THE PARENT(S) OR LEGAL GUARDIAN OF_____ THE APPLICANT, A MINOR. I STATE THAT I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER AND RELEASE OF LIABILITY AGREEMENT. I EXPLAINED TO THE APPLICANT THAT HE/SHE IS GIVING UP SUBSTANTIAL RIGHTS BY SIGNING OR SUBMITTING THE APPLICATION AND INSTRUCTED HER/HIM OF THE RAMIFICATIONS AND THAT I/WE CONSENT TO THE APPLICANT'S BECOMING A MEMBER OF USJI AND/OR USJF AND PARTICIPATING IN JUDO PRACTICES, CLINIC'S AND EVENTS SANCTIONED OR SPONSORED BY USJI AND/OR USJF.

X		
SIGNATURE	PRINTED NAME	DATE

RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID

USJI COPY - MAIL TO: United States Judo, Inc., One Olympic Plaza, Colorado Springs, CO 80909

USJF COPY - SUBMIT TO YUDANSHAKAI OR MAIL TO: USJF National Office, P. O. Box 338, Ontario, OR 97914-0338