



2006 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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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.	_____	_____	_____

