



## 2009 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 \$50.00.**
  - 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 written out to SSCI. 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: \_\_\_\_\_

**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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<p><i>USA Judo Club Registration No.</i></p>
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