

USJF All-American Judo Membership Application Instructions

I. Information You Will Need

- A. USJF Info
 - 1. USJF Life Membership or President's Club Life Membership #
 - 2. USJF ID #
 - 3. Yudanshakai Name
- B. USJA Info
 - 1. USJA Membership #
- C. USA Judo Info
 - 1. USA Judo Membership #
 - 2. State Governing Body Name
- D. Dojo/Club Name
- E. Name & Address Of Insurance Beneficiary
- F. Determine Your Principal Organization (Principal = insurance coverage)
- G. Method Of Payment (\$100)
 - 1. Check
 - 2. Credit Card
 - a. Visa
 - b. MasterCard
 - c. Discover

II. Complete The Form

- A. Use Adobe Acrobat Pro Or Acrobat Reader (other programs may work)
- B. Type Directly Into Form
- C. Print Out Completed Form
- D. Signatures & Dates Required
 - 1. Applicant in left-half of box 31 (even if minor)
 - a. Parent/legal guardian in right half of box 31 (if applicant is minor)
 - 2. Applicant in "waiver and release of liability agreement" section (if applicant is of age of majority)
 - a. Parent/legal guardian in "parent/legal guardian indemnification" section (if applicant is minor)

III. Mail Application & Payment To Principal Organization

- A. USJF
 - 1. United States Judo Federation • PO Box 338 • Ontario, OR • 97914-0338
- B. USJA
 - 1. United States Judo Association • PO Box 1880 • Tarpon Springs, FL • 34688-1880
- C. USA Judo
 - 1. USA Judo • One Olympic Plaza • Colorado Springs, CO • 80909

All-American Judo Membership Application



Individual Membership Application

Use This Application To Join Or Renew Membership In United States Judo Federation, United States Judo Association, & USA Judo

1. Application Date		2. Last Name		3. First Name		4. Middle Initial	
5. Address							
6. City			7. State	8. Zip Code	9. Home Phone () ()		10. Work Phone () ()
11. FAX () ()		12. Mobile () ()		13. E-Mail			14. Add E-Mail to USJF e-mail list <input type="checkbox"/>
15. Date of Birth		16. Age	17. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		18. Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-U.S.A.		19. Judo Rank & Rank #
20. USJF Life #		21. USJF ID #		22. USJA ID #		23. USA Judo ID #	
24. Dojo/Club Name							
25. Yudanshakai							
26. State Governing Body							
27. Name & Address of Insurance Beneficiary							
28. Select Your Principal Organization (only ONE & it will be your insurance carrier) & All-American Membership Fee (\$100.00) <input type="checkbox"/> United States Judo Federation (USJF) <input type="checkbox"/> United States Judo Association (USJA) <input type="checkbox"/> USA Judo (USAJ)							
29. Cash or Check Payment Please DO NOT MAIL CASH <input type="checkbox"/> Cash _____ <input type="checkbox"/> Check # _____ \$20 RETURNED CHECK FEE Amount _____ Initials _____		30. Credit Card Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Name On Card _____ Issuing Bank _____ Account # _____ Exp Date _____ V-Code _____ Card Billing Address _____ Cardholder Signature _____					
31. 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 Federation, United States Judo Association, & USA Judo.							
<input checked="" type="checkbox"/> Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____				<input checked="" type="checkbox"/> Signature of Parent/Legal Guardian (Required if Applicant under 18) _____ Date _____			

WAIVER AND RELEASE OF LIABILITY AGREEMENT - SIGNATURE(S) REQUIRED

I, the Applicant, state that I am 18 years of age or over. In consideration of being permitted to participate in any way, I acknowledge and agree to release, waive and discharge, to the greatest extent permitted by law, United States Judo Federation, Inc. (USJF), United States Judo Association (USJA), & USA Judo (USAJ) from or for all claims, demands and causes of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJF, USJA, & USAJ in conjunction with or arising out of membership with USJF, USJA, & USAJ, and the action or lack thereof of USJF, USJA, & USAJ 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.

<input checked="" type="checkbox"/>		
APPLICANT SIGNATURE <small>(Signature required if Applicant over 18)</small>	PRINTED NAME	DATE

PARENTAL/LEGAL GUARDIAN INDEMNIFICATION

I state that I am the parent/legal guardian of _____ (the Applicant), a minor. I agree to indemnify and hold harmless the USJF, USJA, USAJ for any expenses incurred, claims made, or liabilities assessed against them as a result of any injury, death, or insufficiency of legal capacity. I consent to the Applicant's becoming a member of USJF, USJA, & USAJ & participating in Judo practices, clinics, & events sanctioned or sponsored by USJF, USJA, & USAJ.

<input checked="" type="checkbox"/>		
PARENT/LEGAL GUARDIAN SIGNATURE <small>(Parent/Legal Guardian signature required if Applicant under 18)</small>	PRINTED NAME	DATE

***** RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS *****

Submit or Mail to: USJF, PO Box 338, Ontario, OR 97914-0338 • Phone: (541) 889-8753 • FAX: (541) 889-5836 • www.usjf.com