



# UNITED STATES JUDO FEDERATION

## National Office

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(541) 889-5836

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www.usjf.com  
no@usjf.com

### USJF CLUB REGISTRATION & INSURANCE APPLICATION

FOR PERIOD SEPTEMBER 1, \_\_\_\_\_ THRU AUGUST 31, \_\_\_\_\_

Registered Last Year?      Application Date: \_\_\_\_\_

Dojo/Club: \_\_\_\_\_

Yudanshakai: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Voice Phone: \_\_\_\_\_

FAX Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Mailing Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Head Instructor: \_\_\_\_\_

#### PRACTICE SCHEDULE:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

#### Yudanshakai Registration Use Only

USJF Fee: \_\_\_\_\_ YDK Fee: \_\_\_\_\_ Total Fees: \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

# USJF CLUB REGISTRATION & INSURANCE APPLICATION

*USOPC SafeSport Certified, CDC Heads Up Training Certified, & Background Screened  
Instructors, Members, & Volunteers*

<b>USJF ID #</b>	<b>Last Name, First Name</b>	<b>USOPC SafeSport</b>	<b>CDC Heads Up</b>	<b>Bckgrnd Screen</b>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If the certification(s) are not already on file at the USJF National Office, please be sure to attach/submit copies of their USOPC SafeSport, & and CDC Heads Up certifications. Background screens should be on file at the National Office or applied for online.