

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		3. First Name		4. Middle Initial	
2. Last Name					
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 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		30. Credit Card Payment			
<input type="checkbox"/> Cash _____		<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover			
<input type="checkbox"/> Check # _____ \$20 RETURNED CHECK FEE		Name On Card _____ Issuing Bank _____			
Amount _____		Account # _____ Exp Date _____ V-Code _____			
Initials _____		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.					
X Signature of APPLICANT (REQUIRED FOR EVERYONE) _____ Date _____			X 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.

X		
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.

X		
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: USJA, PO Box 1880, Tarpon Springs, FL 34688 – Phone: 727-937-7120 – Fax: 888-276-3432
 Website: www.usja-judo.org – Email: membership@usja-judo.org

Completion of this page is REQUIRED

Check one: Caucasian African American Hispanic
 Native American Asian Other

Confirmation, Waiver and Release of Liability Agreement - Signatures(s) Required

I certify that all of the information on this application is true and I am eligible to be a member of USA Judo in accordance with the rules of USA Judo.

Signature Printed Name: Date:

Signature of Parent/Guardian Printed Name: Date:
if applicant under 18

I agree to be filmed and photographed under conditions approved and authorized by USA Judo, United States Judo Association, and United States Judo Federation, to include the use of my name, biographical information, public appearances, interviews, photographs, portrait and motion pictures and television recordings of my judo performance/participation and grant to USA Judo and Organizers the right to record and make use of the same, and to authorize others to do so in promoting the competition and the success of the judo team on which I compete, to promote the image of USA Judo, United States Judo Association, and United States Judo Federation, its sponsors and advertisers, and the sport of amateur judo, and to fund the activities of the USA Judo, United States Judo Association, and United States Judo Federation.

Signature Printed Name: Date:

Signature of Parent/Guardian Printed Name: Date:
if applicant under 18



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