



2019 Judo Club Registration Application

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

Physical Club Address: _____
Street Address City State Zip

Certified Coach: _____ **Other Club Admin:** _____

Club Phone: _____ **Email:** _____

Club Website or Facebook page: _____

Class Schedule (day and times): _____

Criteria for Club Membership:

1. Current individual USA Judo membership
2. Minimum shodan rank (USA Judo/USJF/USJA)
3. Current USA Judo Certified Coach
4. Clean background screen through SSCI
5. Satisfactory completion of SafeSport program
6. Current Heads Up Concussion Certification
7. Minimum of 5 athletes registered with club (within 6 months after receiving club membership)

Additional questions for in office use only:

1. Are you a non-profit or for profit organization/club? _____
2. What is your fee for members? _____
3. Do you accept payment by credit card at your club for members? _____

ANNUAL CLUB FEE IS \$100.00

All club memberships expire 12/31/19

Credit Card Payment: VISA MASTERCARD DISCOVER AMEX

Card Number: _____ / _____ / _____ / _____ Ex. Date: _____ Amt: _____

CVV: _____ Name on Card: _____

Mail form to: USA Judo 1 Olympic Plaza Colorado Springs, CO 80909 or scan/email to
Corinne.shigemoto@usajudo.us