

United States Judo Federation, Inc. (USJF)



Joint Individual Membership With Regular/Primary Membership With USJA or USA Judo Use This Application To Join Or Renew Membership In United States Judo Federation

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. Date of Birth		15. Age	16. Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		17. Citizenship <input type="checkbox"/> U.S.A. <input type="checkbox"/> Non-U.S.A.		18. Judo Rank & Rank #		
19. USJF Life #		20. USJF ID #		21. Club/Dojo					
22. Yudanshakai									
23. Name & Address of Insurance Beneficiary									
24. Membership Fees <small>Excess Accident Medical Insurance is NOT included with Joint Individual Membership. Your Excess Accident Medical Insurance is provided your Regular/Primary Membership with USJA or USA Judo. Please attach proof of your current USJA or USA Judo membership with Excess Accident Medical Insurance coverage to this application.</small>									
I have USJA Regular/Primary Individual Membership Proof is attached <input type="checkbox"/> \$35.00					I have USA Judo Regular/Primary Individual Membership Proof is attached <input type="checkbox"/> \$35.00				
25. Donations <small>The USJF is a non-profit tax-exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional. Balch, Fitzsimmons, Fukuda, Kitaura, Lee, Osako, Palacio, & Saito are all scholarship/grant programs. Please contact the National Office for more information.</small>									
Endowment Trust Programs								Other	
<input type="checkbox"/> Balch \$ _____		<input type="checkbox"/> Fitzsimmons \$ _____		<input type="checkbox"/> Fukuda \$ _____		<input type="checkbox"/> General \$ _____		<input type="checkbox"/> Koiwai \$ _____	
<input type="checkbox"/> Kitaura \$ _____		<input type="checkbox"/> Lee \$ _____		<input type="checkbox"/> Osako \$ _____		<input type="checkbox"/> Palacio \$ _____		<input type="checkbox"/> Saito \$ _____	
<input type="checkbox"/> _____ \$ _____									
26. Cash or Check Payment Please DO NOT MAIL CASH					27. 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 _____				
28. 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, Inc. (USJF).									
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) 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 in conjunction with or arising out of membership with USJF, and the action or lack thereof of USJF 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 INDEMNIFICATION

I state that I am the parent/legal guardian of _____ (the Applicant), a minor. I agree to indemnify and hold harmless the USJF 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 & participating in Judo practices, clinics, & events sanctioned or sponsored by USJF.

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