# UNITED STATES STATES FOUNDED 1952

# **UNITED STATES JUDO FEDERATION**

## **National Office**

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## **USJF CLUB REGISTRATION & INSURANCE APPLICATION**

FOR PERIOD SEPTEMBER 1, _			THRU AUGUST 31,				
	" Re	gistered Last	Year? Ap	plication Date	:		
Dojo	o/Club:						
Yudans	shakai:						
Physical Ad	dress:						
City, Stat	e, Zip:						
Voice F	Phone:						
FAX F	Phone:						
E-Mail Ad	dress:						
We	b Site:						
Mailing	Name:						
Mailing Address:							
City, Stat	 e, Zip:						
Head Inst	ructor:						
	PRACTICE SCHEDULE:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Yudanshakai Registration Use Only							
USJF Fee:	YDK	Fee:	_ Total Fee	s:	Date Rcvd:		

## **USJF CLUB REGISTRATION & INSURANCE APPLICATION**

### USOC SafeSport & CDC Heads Up Training Certified Instructors & Members

USJF ID #	Last Name, First Name	USOC SafeSport	CDC Heads Up
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Please be sure to attach/submit copies of their USOC SafeSport & CDC Heads Up certificates