

# Membership Application



and United States Judo Federation (USJF)

Individual Membership Application; Valid for One (1) year from the date of application.  
 Use this application to join or renew membership in USA Judo, USJF, or both organizations. Fill out the form clearly, sign the appropriate waivers, enclose a check (or checks) for the appropriate fees, and mail it to: USA Judo, One Olympic Plaza, Suite 505, Colorado Springs, CO 80909. If paying by credit card, application can be faxed to: 719-866-4733.

Membership fees are current as of May, 2005

Last Name	First	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address (include Apt., Space or Unit #)	Date
<input type="text"/>	<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Fax
<input type="text"/>	<input type="text"/>

E-Mail
<input type="text"/>

Date of Birth (MM/DD/YYYY)	Age	Sex	Citizen
<input type="text"/>	<input type="text"/>	<input type="text"/> M <input type="text"/> F	<input type="text"/> USA <input type="text"/> Non-USA

<b>OPTIONAL</b>	
White <input type="checkbox"/>	Hispanic <input type="checkbox"/>
Asian <input type="checkbox"/>	African American <input type="checkbox"/>
American Indian <input type="checkbox"/>	
Mixed Race <input type="checkbox"/>	

Judo Rank
<input type="text"/>

Club/Dojo
<input type="text"/>

Name and Address of Beneficiary
<input type="text"/>

Regular Membership Fees: Choose ONE Primary and, optionally, ONE Secondary Membership. Excess Accident Medical Insurance is included with the Primary Membership. Secondary membership fees include the National fee and State or Yudanshakai fee only.  
 Life Members: Life members should pay the appropriate fee and, optionally, a secondary membership fee.  
 Please enclose two checks if joining both organizations, one payable to USA Judo and the other to USJF.

Primary Membership includes National and State membership fees and sports accident medical insurance and liability insurance.	USA Judo \$50.00 _____
	USJF \$50.00 _____

Secondary Membership includes the National and State membership fees only (Life members see below).	USA Judo \$15.00 _____
	USJF \$15.00 _____

Life Members Only. Life membership fee includes the insurance assessment (\$35.00). USA Judo Life members pay the State Organization fee (\$5.00) and service charge (\$5.00). USJF Life members pay the Yudanshakai fee (\$7.50). Life members of one organization may choose a secondary membership above.	USA Judo Life \$45.00 _____
	USJF Life \$42.50 _____
	Total Enclosed. \$ _____

Complete this section if you wish to pay by VISA, MasterCard, Discover or American Express. Account #	Exp. Date
<input type="text"/>	<input type="text"/>

I certify that the above information is true and I am eligible to be a member in accordance with the rules of USA Judo and/or the United States Judo Federation (USJF).

Signature of Applicant	Date	Signature of Parent/Guardian (If applicant under 18)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**The following release(s) must be signed for this application to be valid:**

**Waiver and Release of Liability Agreement:** I, the applicant, state that I am eighteen 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 USA Judo and United States Judo Federation (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 the releases in conjunction with or arising out of membership with USA Judo and/or USJF and the action or lack thereof of USA Judo and/or 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.

Signature	Printed Name	Date
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I state that I am the parent/legal guardian of \_\_\_\_\_ (the applicant), a minor. I agree to indemnify and hold harmless the released parties 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 USA Judo and/or USJF and participating in Judo practices, clinics and events sanctioned or sponsored by USA Judo and/or USJF.

Signature	Printed Name	Date
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