



# UNITED STATES JUDO ASSOCIATION

## Membership Application

21 North Union Boulevard Suite 200, Colorado Springs, Colorado 80909-5742

Telephone: (719) 633-7750 Fax: (719) 633-4041 Toll Free: (877) 411-3409

Web site: www.usja-judo.org Email: membership@usja-judo.org

**See reverse side for information and instructions**

### Section 1 - Membership Information

Name: \_\_\_\_\_  Current USJA Life Member  
 Address: \_\_\_\_\_  New Member  
 City: \_\_\_\_\_  Renewal (Member Number)  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Home Telephone: (\_\_\_\_) \_\_\_\_\_ Business Telephone: (\_\_\_\_) \_\_\_\_\_  
 Fax : (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Martial Art: \_\_\_\_\_  
 Rank: \_\_\_\_\_ Date of Rank: \_\_\_\_\_ Date Started Martial Art: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female  
 U.S. Citizen?  Yes  No  Junior (up to 16) or  Senior (17 and over)

### Section 2 - Club Information

Return Membership Card to:  Club Coach  Club Secretary  Individual

Club Name: \_\_\_\_\_ Club Coach: \_\_\_\_\_  
 USJA Club Number: \_\_\_\_\_ Address: \_\_\_\_\_  
 Date Registered by Coach: \_\_\_\_\_

### Section 3 - Membership Fees

Individual Membership Fees: Choose Regular/Primary, Secondary or Sustaining Life Member • Excess Accident Medical Insurance is included with the Regular/Primary & Sustaining Life Membership • NO INSURANCE with Secondary. Secondary Membership expires with USJF/USA Judo Primary expiration date • Please attach copy of Primary USJF/USA Judo membership card.

Regular/Primary <input type="checkbox"/> \$45.00	Life Membership <input type="checkbox"/> \$400.00	Secondary <input type="checkbox"/> with USJF Primary \$25.00 <input type="checkbox"/> with USA Judo Primary \$25.00	Sustaining Life Members <input type="checkbox"/> \$25.00
---	--	---	---

Donations The USJA is a non-profit tax exempt charity. Depending on your tax circumstance, donations may be tax deductible. Please consult with your tax professional.

Development  \_\_\_\_\_ \$ \_\_\_\_\_ Other  \_\_\_\_\_ \$ \_\_\_\_\_

Credit Card/ Check Payment

Visa Name on card \_\_\_\_\_ Issuing Bank \_\_\_\_\_  
 MasterCard Account # \_\_\_\_\_ Exp Date \_\_\_\_\_ V-Code \_\_\_\_\_  
 Discover Card Billing Address \_\_\_\_\_  
 Check # \_\_\_\_\_ Cardholder Signature \_\_\_\_\_  
 \$25 Returned Check Fee  
 Amount \_\_\_\_\_ Initials \_\_\_\_\_

### 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 Association, Inc. (USJA) from or for all claims, demands and cause of actions or any other liabilities which may arise or be caused in whole or in part by the negligence of USJA in conjunction with or arising out of membership with USJA, and the action or lack thereof of USJA 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.

APPLICANT SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 (Signature required if Applicant is over 18)

### PARENTAL INDEMNIFICATION

I state that I am the parent/legal guardian of \_\_\_\_\_ (the Applicant), a minor. I agree to indemnify and hold harmless the USJA for any expenses incurred, claims made or liabilities assessed against them as a result of any injury, death, or insufficiency or legal capacity. I consent to the Applicant's becoming a member of USJA & participating in Judo practices, clinics & events sanctioned or sponsored by USJA.

PARENT/LEGAL GUARDIAN SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 (Parent/Legal Guardian Signature required if Applicant is under 18)

RELEASE MUST BE SIGNED FOR THIS APPLICATION TO BE VALID • MAKE A COPY FOR YOUR RECORDS