



Membership Application



Individual Membership Application; Valid for One (1) year from the date of application.
 Use this application to join or renew membership in USA Judo. 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 VISA, MC, AMEX or Discover, application can be faxed to: 719-866-4733.

Membership fees are current as of January, 2009 All Membership fees are for mail or faxed in applications to receive a discount please register online.

Last Name	First	MI

Mailing Address (include Apt., Space or Unit #)	Date

City	State	Zip Code

Phone	Fax

OPTIONAL
 White Hispanic
 Asian African American
 American Indian

E-Mail

Date of Birth (MM/DD/YYYY)	Age	Sex	Citizen
		M F	USA Non-USA

Judo Rank

Club/Dojo

Name and Address of Beneficiary

Excess Accident Medical Insurance is included with the Primary Membership. Life Members: Life members should pay the appropriate fee.

USA Judo Membership	USA Judo \$60.00 _____ NEW MEMBERS ONLY \$35.00 _____
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Life Members Only. Life membership fee includes the insurance assessment (\$30.00). USA Judo Life members pay the State Organization fee (\$5.00).	USA Judo Life \$35.00 _____
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Total Enclosed. \$ _____

Complete this section if you wish to pay by Credit card. Account #	Exp. Date

I certify that the above information is true and I am eligible to be a member in accordance with the rules of USA Judo.

Signature of Applicant	Date	Signature of Parent/Guardian (if applicant under 18)	Date
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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 18 years of age or over and agree to release, waive and discharge, to the greatest extent permitted by law, USA Judo from or for all claims, demands and causes of actions or any other liabilities which may arise by virtue of injuries or damages caused in conjunction with or arising out of membership with USA Judo and the action or lack thereof of USA Judo 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(s) or Legal guardian of _____ the applicant, a minor. I state that I have read and understand the foregoing waiver and release of liability agreement. I explained to the applicant that he/she is giving up substantial rights by signing or submitting the application and instructing her/him of the ramifications and that I/we consent to the applicant's becoming a member of USA Judo and participating in Judo practices, clinics and events sanctioned or sponsored by USA Judo.

Signature	Printed Name	Date
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