

The American Judo & Jujitsu Federation Of the United States

TYPE OR PRINT CLEARLY (Please read all the material found at <http://www.ajjf.org/handbook/memschool.html> before filling out this application. If you need help contact us at schools@ajjf.org)

School Name: _____
(As you wish it to appear on certificate)

School Head(s): _____ **AJJF Rank:** _____

_____ **AJJF Rank:** _____

School Mailing Address:

_____ City _____ State _____ Zip _____
Number Street

School Location Address - Existing:

_____ City _____ State _____ Zip _____
Number Street

School Location Address - Additional:

_____ City _____ State _____ Zip _____
Number Street

School Phone: (_____) _____ **E-mail:** _____

Application checklist:

- Complete the information above
- School head application signature(s) (page 2 of this application)

Check below if okay to list information on AJJF web site, <http://www.ajjf.org/schools/>

- School mailing address
- School location address
- Phone number
- Email address

Application continues on page 2

Please sign the following declaration:

"I understand that all students and instructors attending AJJF Schools in the U.S. must hold current Individual AJJF Membership. To maintain my Member-School status, I agree that all participants at my classes & events will hold current AJJF Memberships, full term or temporary.

I agree to adhere to the rules and standards of the AJJF. I understand that only AJJF sanctioned classes and events are covered by the AJJF group insurance.

I further agree to the following guidelines:

1. All work-outs and practices are supervised.
2. Appropriate protective equipment is worn.
3. No intentional full contact striking. Light tag contact is allowed.
4. No full contact sparring.
5. No tournaments of kickboxing or judo randori or any tournaments for cash prizes. "

All named School Heads must sign. If more than one, all must sign.

Signature: _____ Date: _____

Signature: _____ Date: _____

Complete the following for a Certificate of Additional Insured, if needed

Name of Additional Insured:

Title of Additional Insured and Relationship to Dojo

_____ (title, e.g., Manager)

_____ (relationship to dojo, e.g., Landlord)

Address of Additional Insured:

Number Street (not PO Box)

City

State Zip

Mail this form to:

AJJF Central Office/ Attn: School Applications Committee

P.O. Box 8392

Medford, OR 97504-0392