

Title: AJJF Additional School Location Application

**The American Judo & Jujitsu Federation
Of the United States**

TYPE OR PRINT CLEARLY (Please read all the material found at <http://www.ajjf.org/AJJF/handbook/hbMemSchool.php> 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: (Number Street City State Zip)

School Location Address – Existing: (Number Street City State Zip)

School Phone: () _____ E-mail: _____

School Location Address – Additional: (Number Street City State Zip)

School Phone: () _____ E-mail: _____

Application checklist:

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

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

- 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 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 (Person) of Additional Insured: _____

Title of Additional Insured (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 596
Penryn, CA 95663**