

Title: AJJF Non-DZR Program Insurance Coverage 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: (Number Street City State Zip)

School Phone: () _____ E-mail: _____

Additional Non-DZR Program:

Style (examples: aikido, iaido, tai chi, yoga) – complete a separate application for each non-DZR program

Instructor Name(s) and AJJF Rank

Estimated number of participants

Class Schedule

Application Checklist

- Complete the information above
- Attach a letter that describes the non-DZR program instructor qualifications, affiliation with the AJJF and more about the style and skills to be practiced in the non-DZR program
- School head application signature(s) (page 2 of this application)

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: _____

Mail this form, with ALL required enclosures to:

AJJF Central Office / Attn: School Applications Committee
P.O. Box 596
Penryn, CA 95663