Section 5 - Additional Family Members

2. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

3. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

4. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

5. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

6. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

7. Name: _____ Birth Date: _____
☐ New Member ☐ Renewal Member No.: _____ Age: _____ Sex: ☐ Male ☐ Female
Martial Arts Ranks: _____ Rank Date: _____ U.S. Citizen: ☐ Yes ☐ No
☐ Junior (under 17) or ☐ Senior (17 and over)

Section 6 - Credit Card/Check Payment

☐ Visa
☐ MasterCard
☐ Discover
☐ Check # _____
$25 Returned Check Fee

Name on card _____ Issuing Bank _____
Account # _____ Exp. Date_____ V-Code _____
Card Billing Address _____
Cardholder Signature _____

Check Amount _____ Initials _____

Section 7 - 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 (Signature required if Applicant is under 18) | PRINTED NAME | DATE

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 the USJA & participating in Judo practices, clinics & events sanctioned or sponsored by the USJA.

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

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