

APPLICATION FOR SANCTION

APPLICATION INFORMATION (FEE: \$35 PER EVENT)

SECTION 1: ALL TOURNAMENTS, SCRIMMAGES, CLINICS, CAMPS, AND OTHER COMPETITIVE EVENTS SHOULD BE SANCTIONED FOR YOUR PROTECTION

SECTION 2: NAME OF CLUB APPLYING FOR SANCTION

CLUB:

Name and Address of Club Official Requesting Sanction

Place and Location of Event:

Name:

Place:

Address:

Address:

City:

City:

State:

Zip:

State:

Zip:

Phone: ()

Fax: ()

Phone: ()

Fax: ()

Chartered Club: Yes No

(Edged weapons are prohibited at any event.)

SECTION 3: EVENT IDENTIFICATION

Name of Event

Date(s):

PLEASE CIRCLE ALL THAT APPLY:

Number of Participants Expected:

Type of Event:	Tournament	Clinic	Camp	Scrimmage	Other
Competition:	Juniors	Seniors	Masters	Kata	Coed (USJF Only)
Level:	Local	State	Regional	National	

SECTION 4: CERTIFICATION BY REQUESTING OFFICIAL

In applying for this sanction, the undersigned agrees:

- 1 To abide by the terms and conditions for sanctioned events. This includes 2013 IJF Rules.
- 2 To permit membership registration at the event and to provide the necessary forms for such registration.
- 3 To provide a complete report of the event to include all injuries that required medical attention and new membership registrations and fees, to the sanctioning authority within five days of the completion of the event.
- 4 **Provide copies of the entry form, general information sheet and waiver and release form with application to the USJA National Headquarters. Your sanction will not be approved if these items are not submitted.**
- 5 Failure to do any of this, or fulfill the terms of this agreement may result in the forfeiture of future rights to sanctions.
- 6 To post the sanction for the event in public view at the tournament site.
- 7 My signature indicates I am thoroughly informed of all the safety rules and regulations regarding a sanctioned event and that I have read and understand the report from the Presidents of the three Judo Organizations in the United States.

(Signature of Official Applying for Sanction)

(Date)

Total Sanction Fee Enclosed: \$

Sanction Number:

Approval By:

Date:

Note: Third parties requesting to be named as additional insured's may be done by completing a certificate of insurance request form for a sanctioned event.