

Coach Education Program Application

PO Box 1880 • Tarpon Springs, FL 34688-1880 Telephone: (727) 937-7120 • Fax (888) 276-3432 • Toll Free (877) 411-3409 Website: www.usja-judo.org • Email: membership@usja-judo.org

Section 1: Instructions

- Candidates must complete sections 2-4 of this form. Please print clearly
- Endorsement of a USJA Coach Education Committee Course Instructor is required in section 4.
- Current Background Screening Check is required
- Completion of USOC SafeSport program is required. Submit certificate of completion with this application
- Mail this form and \$30 to USJA (checks made payable to USJA)
- For further information on the USJA Coach Education Program, visit the USJA website.
- In order to maintain coach certification annual or sustaining life membership must be in force, along with a current background screen. Coach certification will become invalid at the time any of these requirements are not met.

Section 2: General Information

Name		Profession _			
Address	City	·	State	Zip	
Date of Birth	Home Phone	Email			
National Membership:	USJA Membership #	USJF	U	SA Judo	
Rank	Issued by		Date of Rank		
Form of Payment:	_ Check Visa Master(Card Discover			
Credit Card Number _			Expiratio	n Date	
Authorized Signature_		Printed Name			
Section 3: Coaching F	listory			Badge Now! Only \$25! embership@usja-judo.org.	
Name of Club/School/	Team		Dates: From – To		
Current Coach Certific				ition Date	
	npletion and Approval				
Date of Certification					
Initial Certification	on Renewal of curre	nt certification	_ Recertification	on	
This candidate has bee	en approved for certification at le	evel: 1	2	3	
Signature of A	uthorized Course Instructor	Priı	Printed Name of Course Instructor		