

2022 USA Judo Coach Certification New/Renewal Application Date:

Please print or type. Certificate will be printed with name as you provide.

First Name: _____

Middle Name or Initial: _____

Last Name: _____

Legal Name (if different from above) _____

Mailing Address for Certificate _____

City _____ State _____ Zip Code _____

Phone Number: (_____) _____ - _____

Email Address: _____@_____.

Judo Rank: _____ Date Rank Rec'd: _____

Date of Birth: _____

Club Name: _____

Head Coach Name: Please check here if you are the Head Coach _____

USA Judo Membership Number & Exp. Date:

_____ Exp ____/____/____

New Coach Renewing Coach Current Coach Level:

State Regional National Continental International International Gold

Judo Rank Requirements; State-Brown Belt, Regional-Shodan or higher, National-Shodan or higher, Continental-Nidan or higher, International-Sandan or higher, International Gold Sandan or higher and have served as official USA Judo Coach for USA World or Olympic Team

Code of Conduct; I have read the Coaches Code of Conduct and by accepting Coach Certification with USA Judo I attest that I will make every effort to adhere to the stipulations as listed in the Code. I also promise that I will make every effort to provide positive and professional coaching to all individuals who are entrusted to me. Additionally, I will endeavor to constantly improve my Coaching skills and knowledge to improve myself as well as the future of my athletes. Code is available at www.usjudo.org

X _____
Coach Signature Date

CLINICIAN SIGN-OFF

I attest that the above-named Coach has successfully completed the requirements for _____ Coach Certification Level.

Name of Clinician and Date: (clinician must sign for new coaches and upgrade requests) National Level Maximum – rank requirement enforced.

Clinician Name: Please print: _____

Clinic Date/Location: _____

Clinician Signature: _____

Only USA Judo Accredited Certification Clinicians may authorize certification or upgrades

Administrative Notes:

Required Attachments – if not on file with USA Judo Links and records are available on your USA Judo Membership Profile Page.

Membership with USA Judo is required. You must maintain an active USA Judo Membership throughout your Coach Certification period.

Background Screen Clearance Letter. Background Screens expire every 2 years but must be renewed if screen will expire during your coach certification period. Coach Certification fees are non-refundable regardless of background screen results. SSCI screening is required for all coaches.

USOC SafeSport Certificate of Completion – Safesport is valid for 1 year but may not expire during coach certification period. Safesport certification is required for all coaches.

Judo Rank Certificate – only include if your rank is not verified by USA Judo

Blind/ Low Vision Accreditation if applicable

Recommended-CPR/First Aid Certification

Please include

Passport Size Photo. Specifications; color photo, plain background, Coach dress code appropriate, jpg format. Write your name on the back of hardcopies.

OR if you wish to use the photo on file or in your membership profile

Concussion Training –The CDC Concussion training program **or** the NAYS program is required every 2 years.

Payment and Code of Conduct Signature – application will not be processed without all required signatures and support info.

Fees

\$70 One Year, expires 12/31/2022 USA Judo Coach Certification (includes ID Card*)

\$120 Two Years, expires 12/31/2023 Certification (includes ID Card)

\$220 – Four Years, expires 12/31/2025 (includes ID Card)

Add \$30.00 to total for late fee if paid after February 14, 2022 Late fee does not apply to new coaches.

Subtract \$20.00 if you do not need an ID Card. An ID Card is required for coaching mat side. Coach Certification fees are non-refundable and non-transferable

Total Paid \$ _____

Payment Option Make checks payable to USA Coach

Check # _____ Visa MasterCard Paypal email for Paypal acct.

_____@_____.

Card Holders Name _____

Card # _____ - _____ - _____ - _____

Exp ____/____ CVV # _____ (on back of card)

Signature for Credit Card Payment: _____

X _____

Application must include your signature or digital signature

Or, please call/text me at (_____) _____ for payment information.

Instructions for submitting application;

Please mail application and all support documents to: Patrick M. Burris, Director USA Judo Coach Program 301 S. Broadway Ave., Moore, OK 73160 Applications marked signature required for receipt will be delayed. OR, email application and documents to burris7276@cox.net. Expect an email confirmation of receipt. If you do not receive confirmation, please email inquiry. Applications must be completed in full and all support documents attached. Applications will be considered void after the 30-day grace period if missing documents are not received.

Contact Information – Patrick Burris cell number 405-317-3776 (text msg only) email burris7276@cox.net