

The US Ju-Jitsu Federation

Application for Coaches Certification

Personal

Name _____ Date _____ Class A _____ B _____ C _____
Address _____ Phone _____
City _____ State _____ Zip _____
Date of Birth _____ Sex _____ SS# _____ USJJF Membership# _____
Ju-Jitsu Rank _____ Style _____ Club _____

Education:

High School Diploma: _____ B.A. _____ B.S. _____ M.A. _____ M.S. _____ Ph.D. _____ Other: _____
Technical College: _____ Professional Designation: _____ Date: ____/____/____

Ju-Jitsu Resume:

Age at Inception of Ju-Jitsu Training: _____ Date Ju-Jitsu Training Began: ____/____/____
Present Ju-Jitsu Instructor: _____ Club: _____
Current Ju-Jitsu Rank: _____ Date Received: ____/____/____ Style: _____
Organizational Membership: _____

Ju-Jitsu History (Attach copy of current rank certificate as documentation)

<u>Rank:</u>	<u>Date Received</u>	<u>Instructor</u>	<u>Style/Organization</u>
1st Dan	____/____/____	_____	_____
2nd Dan	____/____/____	_____	_____
3rd Dan	____/____/____	_____	_____
4th Dan	____/____/____	_____	_____
5th Dan	____/____/____	_____	_____
6th Dan	____/____/____	_____	_____
7th Dan	____/____/____	_____	_____
8th Dan	____/____/____	_____	_____

Requirements completed: (Attach verification of successful course completions for Class requested)

ACEP or Equivalent _____ Date: ____/____/____ Place _____
CPR _____ Date: ____/____/____ Place: _____
First Aid _____ Date: ____/____/____ Place _____
National Championships _____ Date: ____/____/____ Place _____

Please List Three References:

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

Signature

Under pain of discipline from this organization and return of any certification issued, I solemnly swear that the above is true and accurate and that I have not over-exaggerated or misled in any way the facts so stated on this application.

Signature: _____ Date: _____