



Club Registration Application

Instructions:

1. Please type or print all information legibly.
2. All information **MUST** be completed
3. Submit your completed application first to your State Sambo Federation.
 - a. Include a check made payable to AASF for \$50
 - b. If your state has a club fee include a separate check made payable to your state organization for the appropriate amount.
4. If club coach/teacher has not had a background screen enclose the Background Screen application completed with a check for \$16 (Each person). This screen is valid for four years if previously done.

Name of the Club: _____

(Submit name exactly as you would like to appear on certificate)

Mailing Address: _____

P. O. Box or Street Address

City

State

Zip Code

If the above is not the physical address of the club, please provide actual club location information:

Facility address - Number & Street location

City

State

Zip Code

Club contact:

Name: _____

Mailing Address: _____

P. O. Box or Street Address

City

State

Zip Code

Phone Contact:

Home: () _____

Work: () _____

Club: () _____

E-Mail Address: _____

Club Insurance policy # _____ Policy provider _____

Policy validation dates: Issued Date: _____ Expiration date: _____

Days and Hours of Club Operation (For SAMBO Purposes ONLY)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Effective January 1, 2005 all AASF member clubs must have a **AASF** recognized "**Certified Coach**" or "**Certified Teacher**" as the Instructor/Coach of record. Additionally, the individual must have undergone or must undergo a background screening in keeping with USA SAMBO's Sex Abuse Molestation, and **Physical Abuse Policy and Screening**. A copy of this policy and the **Consent/Release Form for Background Screening** accompanies this application.

Please identify the qualified individual below and include a copy of the current certificate:

Name: _____ Date of Birth: _____

Certification Level Held: _____ Issued by What Organization: _____

Date of Current Certification: _____ Date of Expiration: _____

Is your club registered with AASF? _____ No _____ Yes If yes provide AASF club ID# _____

Identify a minimum of five (5) individuals and their **current AASF** membership numbers, who hold membership in **this** club.

Name (Please Print)	Expiration Date	Card Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List all Martial Arts practiced in your Club: _____

CLUB NAME : _____

Club ID # _____

For AASF Office Use Only

Date Application Received from Club: _____
Individual Processing This Application: _____
Fee Received: Amount: _____ Cash: _____ Check Number: _____
Verification of Club in Good Standing: _____
Date Application forwarded to AASF: _____

Coach/Teacher Verified: _____
Members Verified: _____
Background Screen: <i>Rec'd Date:</i> _____ <i>Check# Amt:</i> _____ <i>Passed:</i> _____ <i>Review:</i> _____
CD: Yes _____ No _____
Date Club Certificate Mailed : _____
Note(s) or Comment(s): _____

Name of club owner: _____

Signature of club owner _____ **Date:** _____