

Pasadena Japanese Cultural Institute



Membership Application

- Check one: Individual/Family Membership \$25/year
 Senior (60+) Membership..... \$10/year
 Senior Couples..... \$15/year

Please send your membership and application and make checks payable to: Pasadena Japanese Cultural Institute (PJC
 595 Lincoln Avenue
 Pasadena, CA 91103

Name: (Mr.)(Mrs.)(Ms.) _____

Address: _____

City, State, ZIP: _____

Phone: () _____ Email: _____

Membership and Release Agreement

As a member of the Pasadena Japanese Cultural Institute (PJC) I/we participate in the activities of the PJC voluntarily and at my/our own risk. I/we will hold neither the PJC nor its authorized officers and board members legally responsible or financially liable for any injury or damages sustained during any of these activities.

I/we will abide by any and all rules and regulations of the individual groups, organizations, activities, classes, martial arts, sports and any other club or organization held at the PJC. I/we understand that participating in certain sports and/or martial arts activities can involve physical pain and injury. Being cognizant of this danger, I/we agree to participate within my/our own physical limitations and also to protect the wellbeing of other individuals with whom I/we participate. I/we also have medical insurance that will cover/me/us in the event of injury during participation in any activities.

Instructors, teachers, officers and board members of any of the groups, organizations, activities, classes, martial arts, sports and any other club or organization held at the PJC may dismiss any member for willful or continued violations of the rules and regulations of the PJC and/or their respective organizations.

I have read and understand the Membership and Release agreement and agree to the conditions of membership and participation of the Pasadena Japanese Cultural Institute.

Signature: _____ Date _____

Parent/Guardian: I have read the Membership and Release Agreement and assume responsibility for my child's/children's participation and enrollment according to the statements made above.

Child Name: _____ Birth date (optional) _____

Parent/Guardian's Signature: _____ Date _____

Please indicate the activities in which you participate:

- | | | |
|--|--|---|
| <input type="checkbox"/> Pasadena Aiki Kai | <input type="checkbox"/> Kyudo | <input type="checkbox"/> PJAA (Bruins Basketball) |
| <input type="checkbox"/> Pasadena Kodokan Judo | <input type="checkbox"/> Naginata | <input type="checkbox"/> Qi Gong |
| <input type="checkbox"/> Pasadena Kendo | <input type="checkbox"/> Pasadena Nikkei Seniors (PNS) | <input type="checkbox"/> Integrated Martial Arts |
| <input type="checkbox"/> Kodama Taiko | <input type="checkbox"/> Pasadena Gakuen | <input type="checkbox"/> Other _____ |