



GENERAL INFORMATION

Mr. Mrs. Ms. _____
NAME

ADDRESS

CITY STATE ZIP

(_____) _____
PHONE E-MAIL

MEMBERSHIP TYPE

- Mirai Nihongo \$30
- Individual \$25
- Family \$30
- Senior (60+) - Individual. . . \$10
- Senior (60+) - Couple \$10
- Additional Donation _____

Please make checks payable to:
PJCI
595 Lincoln Ave. #202
Pasadena, CA 91103

PLEASE INDICATE THE ACTIVITY IN WHICH YOU PARTICIPATE:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Pasadena Aikikai | <input type="checkbox"/> Integrated Martial Arts | <input type="checkbox"/> Miss Pasadena JCI | <input type="checkbox"/> Shotokan Karate |
| <input type="checkbox"/> Bando Hidesomi | <input type="checkbox"/> Pasadena Kendo Dojo | <input type="checkbox"/> Pasadena Naginata Dojo | <input type="checkbox"/> Soroban Class |
| <input type="checkbox"/> Friendship Program | <input type="checkbox"/> Kodama Taiko | <input type="checkbox"/> Pasadena Nikkei Seniors | <input type="checkbox"/> Other (please specify) |
| <input checked="" type="checkbox"/> Mirai Nihongo Gakuin | <input type="checkbox"/> Koto class | <input type="checkbox"/> PJAA Bruins Basketball | _____ |
| <input type="checkbox"/> Ikebana | <input type="checkbox"/> Kyudo | <input type="checkbox"/> Shodo (Calligraphy) | |

MEMBERSHIP AND RELEASE AGREEMENT

As a member of the Pasadena Japanese Cultural Institute (PJCI) I/we participate in the activities of the PJCI voluntarily and at my/our own risk. I/we will hold neither the PJCI 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 PJCI. I/we understand that participation 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 PJCI may dismiss any member for willful or continued violations of the rules and regulations of the PJCI 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.

Adult Members (18+) Must Sign Below:

Name (print): _____ Signature: _____ Date: _____

Name (print): _____ Signature: _____ Date: _____

Name (print): _____ Signature: _____ Date: _____

Name (print): _____ 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.

Children's Names: 1) _____ 2) _____ 3) _____

Parent/Guardian Signature: _____ Date: _____

INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

REC'D BY: _____ DATE: _____ CHECK NO. _____

MEMBERSHIP: _____ DONATION: _____ RAFFLE: _____ TOTAL: _____

MEMO: _____