



595 LINCOLN AVENUE, PASADENA, CALIFORNIA 91103  
(Mail address: P.O. Box 95, Pasadena, CA 91102)

### Membership Application

Individual Annual Membership - \$15.00  
Family Annual Membership - \$25.00  
Senior Annual Membership (Over 60) - \$10.00

Please send your membership application and make checks payable to:

**Pasadena Japanese Cultural Institute**  
**Post Office Box 95**  
**Pasadena, California 91102**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

### 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 it's 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 at 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: \_\_\_\_\_ Birthdate: \_\_\_\_\_ optional

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate the activities in which you participate:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> - Aikido       | <input type="checkbox"/> - Kyudo                   | <input type="checkbox"/> - PJAA (Bruins Basketball) |
| <input type="checkbox"/> - Judo         | <input type="checkbox"/> - Naginata                | <input type="checkbox"/> - Qi Gong                  |
| <input type="checkbox"/> - Kendo        | <input type="checkbox"/> - Pasadena Nikkei Seniors | <input type="checkbox"/> - Other _____              |
| <input type="checkbox"/> - Kodama Taiko | <input type="checkbox"/> - Pasadena Gakuen         |   |