



### GENERAL INFORMATION

○ Mr. ○ Mrs. ○ Ms. \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

(\_\_\_\_\_) \_\_\_\_\_  
PHONE E-MAIL

### MEMBERSHIP TYPE

- Mirai Nihongo (6 mo.) . . . . \$15
- 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 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: \_\_\_\_\_

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### INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE

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REC'D BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECK NO. \_\_\_\_\_

MEMBERSHIP: \_\_\_\_\_ DONATION: \_\_\_\_\_ RAFFLE: \_\_\_\_\_ TOTAL: \_\_\_\_\_

MEMO: \_\_\_\_\_