



VENICE JAPANESE
COMMUNITY CENTER, INC.

VENICE JAPANESE COMMUNITY CENTER, INC.

12448 Braddock Drive, Los Angeles, CA 90066

(310) 822-8885

Information is for VJCC use only

MEMBERSHIP APPLICATION FOR YEAR _____ NEW RENEWAL LIFE CHANGE OF ADDRESS

PLEASE PRINT

ADULT PARTICIPANT or PARENT OF MINOR PARTICIPANT

LAST NAME _____ FIRST NAME _____ SPOUSE _____

MINOR PARTICIPANT _____ Birth date _____

MINOR PARTICIPANT _____ Birth date _____

MINOR PARTICIPANT _____ Birth date _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE () _____ Unlisted

E-MAIL ADDRESS _____

Newsletter Mailing Address, if different from above _____

CITY _____ STATE _____ ZIP _____

OCCUPATION (current / past) _____

LIST OTHER VJCC CLASSES/ORGANIZATIONS _____

IS PARTICIPANT COVERED BY MEDICAL INSURANCE? Yes No

EMERGENCY CONTACT PLEASE NOTIFY: (PRINT)

Name _____ Phone _____ Relationship _____

If a class roster is published for class use only, may we include your name, address and phone number? Yes No

LIABILITY RELEASE AND WAIVER

For and in consideration of my being permitted to use the facilities and equipment of the VENICE JAPANESE COMMUNITY CENTER, INC., and any class I attend, at 12448 Braddock Drive, Los Angeles, CA 90066, and further to be allowed to enter, remain, and be on the premises owned, operated, supervised, or managed by the above-stated organizations or any other place in the course of the activities of the above-stated organizations,

I, THE UNDERSIGNED, DO HEREBY EXPRESSLY WAIVE AND RELEASE all and any rights, claims, demands, actions, or judgments which I, the undersigned, ever had, now has, may have, or claimed to have, against the above-stated organizations, their officers, members, agents or employees of any and all personal injuries and damages and any and all injuries to property, real or personal, which might be caused by the, arise out of, or result in connection with my presence on the premises of the above-stated organizations or otherwise by my participation in any activity organized, supervised, or conducted by the above-stated organizations wherever located.

- I HAVE READ THE CONTENTS OF THIS RELEASE AND WAIVER AND UNDERSTAND ALL ITS TERMS.
- I EXECUTE THIS RELEASE AND WAIVER VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.
- I AGREE TO HAVE MEDICAL INSURANCE COVERAGE FOR EACH PARTICIPANT.
- I AGREE TO ABIDE BY THE VJCC RULES AND REGULATIONS AS PRINTED ON THE REVERSE SIDE OF THIS PAGE.

DATE _____ ADULT'S SIGNATURE _____

RELATIONSHIP TO MINOR PARTICIPANT _____

CHECK APPROPRIATE MEMBERSHIP CATEGORY & MAKE CHECK PAYABLE TO "VJCC" Check # _____

Individual Membership \$30 Dues collected by _____

Family Membership \$50 (class or organization)

Senior (age 80 & paid member for past 5 consecutive years)

Birth date required _____ (Dues waived)

VJCC RECORD: Treasurer _____

Rev. 2/19/08

DB POSTED _____ DUES POSTED _____