VENICE JAPANESE COMMUNITY CENTER, INC.

12448 Braddock Drive, Los Angeles, CA 90066
(310) 822-8885

MEMBERSHIP APPLICATION FOR YEAR _____

Information is for VJCC use only

Check One:	Check One:
☐ NEW ☐ RENEWAL ☐ LIFE ☐ ADDRESS CHANGE	☐ ADULT MEMBER ☐ PARENT OF MINOR PARTICIPANT

PLEASE PRINT

LAST NAME _____ **FIRST NAME** _____ **SPOUSE** _____

Minor Participant _____ Birth Date _____ Club _____

Minor Participant _____ Birth Date _____ Club _____

Minor Participant _____ Birth Date _____ Club _____

Minor Participant _____ Birth Date _____ Club _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____ **PHONE (** **)** _____

E-MAIL ADDRESS _____

Monthly newsletter will be delivered via email. If you also want a hardcopy, check one: ☐ U.S. Mail ☐ Classroom pickup

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

VJCC Classes/Organizations you belong to _____

IS PARTICIPANT COVERED BY MEDICAL INSURANCE? ☐ YES ☐ NO

EMERGENCY CONTACT: Name _____ Phone _____ Relationship _____

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 or 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 HEREBY CONSENT TO THE USE OF MY NAME, PHOTOGRAPH AND/OR IMAGE BY THE VJCC FOR ITS PROMOTIONAL PURPOSES.
- 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** _____ (class or organization)

☐ **Family** Membership **$50**

☐ **Senior** (age 80 & paid member for past 5 consecutive years) Birth date (required) _____ (dues waived)

VJCC RECORD: Treasurer _____

Rev. 10/13/2015 **White Copy - VJCC** **Yellow Copy - Class/Organization** **Pink Copy - Member**

DB POSTED _____ DUES POSTED _____