

# LOS ANGELES TENRI JUDO DOJO

129 NORTH SARATOGA STREET, LOS ANGELES, CALIFORNIA 90033

TELEPHONE :(323) 261-3379

The LOS ANGELES TENRI JUDO DOJO is an activity of the TENRIKYO MISSION HEADQUARTERS IN AMERICA, a non-profit religious corporation.

Our purpose is to contribute to the progress of America Judo by providing competent Judo instruction by accomplished Judoists from the renowned Tenri University. It is hoped that through our efforts, Judo will not only be appreciated as a sport, but will aid in developing the character of the youth in our community.

New members of our Dojo are required to own a *Gi*, a practice uniform, which can be purchased at our Dojo. A monthly donation (see below) is requested. If this amount imposes a hardship, other arrangements may be made. Other fees may be necessary for competition Judo. These will be explained when necessary.

Parents will be required to join and participate in the Parents' Association and their activities.

Monthly Donation:	Yonen (6~12 yrs.)	\$20.00
	Shonen (13~16 yrs.)	\$25.00
	Seinen (17 & Older)	\$30.00
	Visitors	-\$5.00 each visit.

Practices are held Monday, Wednesday, and Friday from 6:30~8:00 PM for the Juniors (Yonen and Shonen) and 8:00 ~10:00 PM for the Seniors (Seinen).

(See back for application)

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## REGISTRATION (PLEASE PRINT)

Welcome to our Dojo:

Student's Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Age: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_

Affiliated Dojo (Visitors only): \_\_\_\_\_

## WAIVER AND RELEASE

For and in consideration of my being permitted to take part in the Judo activities of the LOS ANGELES TENRI JUDO DOJO including tournaments, exhibitions, and other programs whether public or private and to further be on said Dojo premises or any other place in the course of said Judo Activities:

I do hereby expressly waive and release any and all rights which I may have to maintain any claim or demand whatsoever against the said Dojo, its officers, members, agents or employees for any or all injuries which might occur as a result of my being on said Dojo premises or elsewhere, or my participation in any of said Judo activities.

I have read the contents of the above waiver and release and agree to the contents thereof.

\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)