

Membership is required for all classes and programs unless otherwise noted.
Membership fee is NON-REFUNDABLE

**eliminating racism
empowering women
ywca**

Ms./Mrs./Mr. (Parent or Guardian's Name) _____
Participant/Member's Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Cell Phone _____ Home Phone _____
Email: _____
*Race/Ethnicity: (Please check one) ___ White ___ Hispanic ___ Black or African American ___ Asian ___ Other/Two or more races
*Annual Family Income: (Please check one) ___ Under 25K ___ 26-60K ___ 61-100K ___ Over 100K
*(Optional. We request this information for statistical and demographic reports to our funders and national office. Names are never used in reporting; this information is assured confidentiality.)
Employer _____ Business Phone _____
Emergency Contact _____ Contact's Phone _____

Emergency Treatment Consent Form for Minor Participants

Should a serious injury befall your child while in program at the YWCA, reasonable efforts will be made to reach a parent or designated emergency contact. Your signed consent will smooth the process of accessing care should we deem it necessary to transport your child to White Plains Hospital for emergency treatment only

I, _____, consent that my child, _____, Child's Name - Print
Parent or Guardian - Print _____ Date _____

receive such medical treatment as deemed necessary by the attending hospital and/or physician in case of an emergency. I give permission for a representative of the YWCA of White Plains & Central Westchester to consent (sign) on my behalf for emergency treatment by the hospital/attending physician.

Signature of Parent/Guardian _____ Date _____
(Additional contact and health information will be recorded by your child's Program Director)
For further information, call (914) 949-6227 or visit our website www.ywcawhiteplains.com
Mail or deliver to: YWCA of White Plains or fax your registration to:
515 North Street (914) 949-2021
White Plains, NY 10605

YWCA Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA of White Plains and Central Westchester, its principals, directors, officers, agents, employees and volunteers from any loss, liability, or damage they may incur arising out of or related to my or my child(ren)'s participation in _____, to the greatest extent allowed by law.

Signature _____ Date _____

Annual Membership Fees

Memberships that will expire during class session must be renewed at registration

Type	Amount Enclosed
Contributing Member	\$ 100
Individual Adult	\$ 85
Children (Age 17 and under)	\$ 50
Family (Parents and children)	\$ 175
Students (Full time)	\$ 65
Seniors (55 and older)	\$ 65
Persimmon Patron	\$ 35
Scholarship Fund Contribution	\$ 5
Total Membership	\$ 5.00

YWCA membership helps support our community programs and our mission: to eliminate racism and empower women. Our members are committed to making our community, and our world, a better place for all to live and work. At the YWCA of White Plains, we strive to support families and to respond to our community's changing needs and concerns.

Class Registration

_____ \$ _____
_____ \$ _____
_____ \$ _____
Tax Deductible Contribution \$ _____

Payment Method (check one) Total Membership and Class Fees \$ _____
___ Mastercard ___ Visa ___ Discover ___ Check ___ Money Order
Credit Card # _____ Expiration Date _____
Cardholder's Signature _____