

**eliminating racism  
empowering women  
ywca**

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

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  
 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](http://www.ywcawhiteplains.com)**  
 Mail or deliver to: YWCA of White Plains or fax your registration to:  
 515 North Street (914) 949-8903  
 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 .....	\$ 105
Individual Adult .....	\$ 85
Children (Age 17 and under) .....	\$ 50
Family (Parents and children) .....	\$ 175
Students (Full time) .....	\$ 65
Seniors (55 and older) .....	\$ 65
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

**Class Registration**

Class	Participant's Name	Code	Time	Fee
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

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 \_\_\_\_\_