



# Membership and Class Registration Form

Membership is required for all classes and programs unless otherwise noted.

**Membership fee is NON-REFUNDABLE**

515 North Street, White Plains, NY 10605 / P:914-949-6227 / F:914-949-2021 / frontdesk@ywcawpcw.org / www.ywcawpcw.org

## Participant Information:

Ms./Mrs./Mr. (Parent or Guardian's Name) \_\_\_\_\_

Participant 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Participant 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact's Phone \_\_\_\_\_

\*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.)

## Class/Program Registration:

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

Type	Amount Enclosed
Individual Adult .....	\$ 100
Children (Age 17 and under) .....	\$ 60
Family (Parents and children) .....	\$ 175
Students (Full time) .....	\$ 75
Seniors (55 and older) .....	\$ 75
Persimmon Patron .....	\$ 35
Scholarship Fund Contribution (optional) ...	\$ 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.

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

Tax Deductible Contribution \$ \_\_\_\_\_

Payment Method (check one) Total Membership and Class Fees \$ \_\_\_\_\_

Mastercard  Visa  Discover  Check  Money Order

Credit Card # \_\_\_\_\_

Security Code# \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

## Emergency Consent

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, \_\_\_\_\_,  
(Parent or Guardian - Print)  
consent that my child,  
\_\_\_\_\_  
(Child's Name - 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)*

## Hold Harmless

I hereby release and agree to hold harmless the YWCA of White Plains & Central Westchester, its principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any loss, liability, damage or claims of any kind, including claims resulting from the negligence of any Released Party that may arise out of or relate to my or my child(ren)'s participation in the YWCA \_\_\_\_\_ Program, to the greatest extent allowed by law. By signing this release, I certify that I have read and agree to this release and I fully understand it and am not relying on statements or representations of any Released Party. Should I wish to exclude my child from any activity, I understand that I must notify the Program Director in writing.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date