



Membership and Class Registration Form

Membership fee is NON-REFUNDABLE

No refunds for Program fees.

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

Participant Information (complete one per participant)

Participant First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Home Phone: _____
 Email: _____
 Parent/Guardian Name: _____ Relationship: _____
 Employer: _____ Business Phone: _____
 Emergency Contact: _____ Relationship: _____
 Primary Phone: _____ Cell Phone: _____

Does your child have an IEP or 504 Plan? Yes [] No []

Membership Program memberships that will expire during class session must be renewed at registration. YWCA Program Membership offers pricing advantage, access to special events and activities and may be required for some classes and activities. Program membership must remain current for the duration of the class to receive price discount. 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. Program membership fees are subject to change at any time.

Type

Individual Adult	\$100	Seniors (60 and older)	\$ 75	Building Access	\$ 20
Children (Ages 17 and under)	\$ 75			YWCA Partner	\$ 35

Class Registration

For more information on refund/credit policy, please refer to page 2 of this form, our catalogue or website at www.ywcawpcw.org.

SESSION (CIRCLE):	FALL	WINTER	SPRING	SUMMER	
Class Name	Class Code	Day	Time	Fees	
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
				Scholarship Contribution (optional)	\$ 10.00
				Building Fund Contribution (optional)	\$ 10.00
				Membership Fee	\$ _____
				Total Fees	\$ _____

Note: No refunds or credits due to weather cancellations.

Payment Method YWCA accepts all major credit cards, cash, checks and debit cards. Please make all checks payable to: YWCA White Plains & Central Westchester.

By signing below, I authorize the YWCA to charge the agreed-upon payment amount to my debit or credit card.

__ MasterCard __ Visa __ Discover __ American Express

Credit Card # _____ Expiration Date: _____ Security Code # _____

Cardholder's Print Name: _____ Cardholder's Signature: _____

How Did You Hear About Us:

*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

We request marketing and personal information for statistical and demographic reports to our funders and national office. Names are never used in reporting; this information is assured confidentiality.

Participant First Name: _____ Last Name: _____

Other Fees: \$10 fee will be assessed for any changes made after initial registration. \$10 fee for payment plans.

Cancellations: The YWCA reserves the right to cancel or modify classes or change instructor assignments. When a class is cancelled due to inclement weather or other unforeseen events, we will attempt to contact all scheduled participants. Be sure to indicate your email and phone numbers on the registration form to assist us with timely notification. There will be no credit or refund for such closings.

Credit/Refund Policy: No credits/refunds are given for membership fees, deposits or program fees unless the YWCA cancels the program/class. Documented medical disability may entitle a member to a pro-rated program fee, and a request should be submitted to the Front Desk or Program Director. No credits/refunds are made for classes cancelled due to weather. Participants may request a credit in medical cases or special hardship circumstances.

Credit/refund requests must be submitted within the session dates for which the request is made. Prior session credit/refund requests will not be accepted. If approved credit is posted to the member's YWCA Account. Credits are good for 9 months from date of issue, are transferable within the participant's immediate family, and may be applied to any YWCA activity. Credit policies may vary from department to department. Credit request forms are available at the member services desk. Completion of application for a credit/refund does not guarantee same. Credit/refund fees apply to all requests.

Hold Harmless Statement

I hereby release and agree to hold harmless the YWCA White Plains & Central Westchester, its affiliates, insurers, attorneys, principals, directors, officers, agents, employees and volunteers (the "Released Parties") from any injury, 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 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 myself or my child from any activity, I understand that I must notify the Program Director in writing.

Member

Date

Parent or Guardian (if member under 18 years of age)

Date

Emergency Consent

In the event of an emergency, the YWCA has permission to administer immediate first aid by qualified YWCA personnel to myself _____ or my child _____. If the situation should require medical attention, I or another listed emergency contact person will be contacted by YWCA personnel. In case I or my child is transported to the hospital, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon or hospital necessary for the proper health and well-being of me or my child.

Member

Date

Parent or Guardian (if member under 18 years of age)

Date

Photography Release

I further grant permission to the YWCA White Plains & Central Westchester to use photographs, videotapes and films of me or my child taken at the YWCA for publicity and/or promotion purposes. By signing this release, I certify that I have read, agree and I fully understand and am not relying on statements or representations of any Released Party. Should I wish to exclude myself or my child from any photographs, videotapes and films, I understand that I must notify the Program Director in writing.

Member

Date

Parent or Guardian (if member under 18 years of age)

Date



white plains & central westchester

United States Gymnastics Federation Minor Release and Waiver of Liability and Indemnity Agreement

(This form must be signed and returned to participate in gymnastic activity.)

In consideration of membership in the United States Gymnastics Federation, herein after referred to as the USAG and being allowed to participate in USAG events and/or member club activities, the parent(s) and/or legal guardian(s) of the minor participant below agree:

1. The parent(s) and/or guardian(s) will instruct the minor participant that prior to participation in any USAG and/or member club activity or event and regularly thereafter, that he/she should inspect the facilities and equipment to be used, and if he or she believes anything to be unsafe, the participant should immediately advise the instructor of such condition and refuse to participate.
2. Participant shall be instructed to and shall carefully review and follow all USA Gymnastics Guidelines.
3. I/We fully understand that:
 - (A) There are several risks and dangers associated with participation in Gymnastics and acrobatic activities but not limited to those of bodily injury, partial and/or total disability, paralysis and death;
 - (B) The social and economic losses and/or damages, which could result from those risks and dangers described above, could be severe;
 - (C) These risks and dangers may be caused by the negligence of the participant or the negligence of the others, including, but not limited to the "Releasees" named below.
 - (D) There may be other risks not known to us or are not reasonably foreseeable at this time.
4. I/We accept and assume such risks and responsibility for the loss and/or damages following such injuries, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
5. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE USA GYMNASTICS, its member clubs, events, hosts, other participants, coaches, instructors, officials, sponsors, advertisers, owners, and leasees of the premises used to conduct the event each of them, their officers, directors, agents, employees, all which are referred to as "Releasees," from all liability to the under-signed, my/our personal representatives, assignees, executors, heirs, and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damage of the participant or damage of property, caused or alleged to be cause in whole or in part by the negligence of the "Releasee" or otherwise.
6. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant execute this waiver and release. If, despite this release, the participant makes a claim against any of the "Releasees", the parent(s) and/or legal guardian(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his/her behalf, and hold them harmless.
7. I/We agree that this waiver and Release Agreement covers each and every event sponsored by USAG and/or its member clubs and fully understand that the "Releasees" are released as to each and every activity and event.

I/We have read the above waiver and release, understand that I/We give up substantial rights by signing it and sign it voluntarily.

Parent or Guardian (Signature / Relationship)

Date

Parent or Guardian (Signature / Relationship)

Date

Witness

Printed Name of Participant: _____

Address of Participant: _____ Town _____ State _____ Zip _____

Printed Name of Parent or Guardian: _____

MEMBER INSTITUTION: YWCA of White Plains & Central Westchester 515 North Street White Plains, NY 10605