

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

Participant Information (complete one per program participant; family pool & fitness plans may use one form)

Participant First Name: _____ Last Name: _____
 Date of Birth: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian Name: _____ Relationship: _____
 Cell Phone: _____ Home Phone: _____
 Email: _____
 Employer: _____ Work Phone: _____
 Emergency Contact: _____ Relationship: _____ Phone: _____
 Additional Family Member 1: _____ Relationship: _____ DoB: _____
 Additional Family Member 2: _____ Relationship: _____ DoB: _____
 Additional Family Member 3: _____ Relationship: _____ DoB: _____

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

The following information is for statistical purposes only

*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

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 | Building Access | \$ 20 |
| Children (Ages 17 and under) | \$ 75 | | |

Class Registration

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

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

For office use only

Member # _____ Application processed by: Name _____ Date _____

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Participant First Name: _____ Last Name: _____

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

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, notification will be posted on our website. Additional notices may go out via email. 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. Credits are subject to a processing fee.

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 nine (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