

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 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 or Latino _____ Black or African American _____ Asian _____ Other _____ Prefer not to answer
 *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

Youth Program Member	\$ 115	Family Program Member	\$ 275
Youth 2 Program Member	\$ 200	Adult Program Member	\$147

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	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: _____

Cancellations

The YWCA reserves the right to cancel, modify classes and change instructor assignments. When a class is cancelled due to inclement weather or other unforeseen events, we will attempt to contact all enrolled participants. Be sure to indicate your preferred phone numbers on the registration form to assist us with timely notification. For such closings, the YWCA does not issue refunds or credits. However, make up classes may be held to compensate for the closure.

Credit Policy

Participants may request a credit for medical cases or other special circumstances. Credits are good for 12 months from date of issue and are non-transferable to any other person(s). Credits can be applied to any YWCA program.

Refund Policy

Membership fees and deposits are non-refundable. Program fees are refundable only if the YWCA cancels the program. The YWCA does not provide refunds, credits, or discounts due to sickness (i.e. common cold), holidays, vacations taken during program sessions, inclement weather closings, or any other circumstances, including COVID quarantine periods. If you and/or your child is required to quarantine due to COVID, the YWCA commits to providing you with virtual services during that time. A Member may be eligible for a pro-rated Program Fee refund (minus membership fee and deposit) provided that (I) all Program Fees are paid and up-to-date, (II) the Member provides a medical statement as the reason for withdrawal from the Program and (III) a completed credit/refund request is approved by the Program Director and CPO. A \$50 processing adjustment will be applied to approved refunds. The YWCA reserves the right to change the fee amount at any time. The \$50 processing adjustment will not be applied to any program valued under \$200.

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 contraction of any infectious disease including COVID 19 and claims resulting from the negligence of any Released Party that may arise out of or relate to me 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