



of metropolitan detroit

Membership Master     Program Registration    Date \_\_\_\_\_

Branch: Downtown    Downriver Outreach    Northwest    Oakland    Camp Cavell    Interim House

**Member/Participant Information**

Name of Participant \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Adult \_\_\_ Minor Child \_\_\_ Birth Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Adult Participant or Parent/Guardian)

**Demographic information** (for participant unless otherwise noted) **This information is required for Program Funding – Thank you!**

<b>County</b>	<b>Age</b>	<b>Sex</b>	<b>Race/Origin/Descent</b>	<b>Employment Status</b>
___ Macomb	___ Under 5	___ Female	___ White	___ Unemployed
___ Oakland	___ 5 to 14	___ Male	___ African American	___ Employed
___ Detroit	___ 15 to 19	<b>Marital Status</b>	___ Hispanic or Latino	___ Not in Labor Force
___ Wayne (excl. Detroit)	___ 20 to 39		___ Arab	<b>Income (parent)</b>
___ Other	___ 40 to 59	___ Single	___ Chaldean	
<b>Disability</b>	___ 60 to 79	___ Single-Head of Household	___ Asian	___ \$10,000-\$19,999
	___ 80+		___ Native American	___ \$20,000-\$49,999
	___ Other		___ Other	___ \$50,000 and over

**Emergency Information (must be completed with program registration)**

Parent/Guardian/Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Health Information/Restrictions \_\_\_\_\_

**Waiver of Liability (must be completed with program registration)**

*In consideration of your acceptance of my/my child's registration in this program, I do hereby, for myself, my child, my heirs and personal representatives, waiver, release and forever discharge any and all municipalities, school districts, the YWCA of Metropolitan Detroit, and properties throughout which the program will be held on its or their respective officers, instructors, administrators, successors and/or assigns for any and all damages which may be sustained or suffered by me/my child in connection with said association with this program and my/my child's participation therein. I further represent that I am/ my child is in good physical condition and has no disability or ailment that will prevent me/my child from engaging in this activity.*

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

**Photographic/Verbal Quotation Release**

*The undersigned hereby consents to the use of the name and/or likenesses and/or photo(s), videotape(s), statements and/or quotations of myself or my child by the YWCA of Metropolitan Detroit for any promotional, educational, informational, or any other purpose, without limitation or reservation. This release contains the entire agreement of the YWCA of Metropolitan Detroit, and the terms of this release may not be changed or modified by any verbal or written statements made by anyone before, during or after the signing of this release.*

Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Witness signature \_\_\_\_\_ Printed name \_\_\_\_\_ Address \_\_\_\_\_



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**Membership Information**

_____ Current YWCA member	Membership purchased	
_____ Purchasing membership today	_____ Youth (under 18) \$20	_____ Senior (62+) \$30
Membership # _____	_____ Student (18-21) \$30	_____ Family \$75
Expiration Date _____	_____ Adult \$45	_____ Sponsorship _____

**Program Registration**

Name of Class or Program _____			
Day _____	Time _____	Location _____	City _____
Start Date _____	Fee _____	Other _____	

**Program Registration**

Name of Class or Program _____			
Day _____	Time _____	Location _____	City _____
Start Date _____	Fee _____	Other _____	

**Program Registration**

Name of Class or Program _____			
Day _____	Time _____	Location _____	City _____
Start Date _____	Fee _____	Other _____	

**Program Registration**

Name of Class or Program _____			
Day _____	Time _____	Location _____	City _____
Start Date _____	Fee _____	Other _____	

**Membership and/or Program Payment**

Membership Fee(s) _____	Program Fee(s) _____	Total Paid _____
Cash amt. _____	Check amt. _____	Check # _____
_____	Credit Card amt. _____	Receipt # _____
Visa _____ MC _____	Number _____	Expiration Date ____ / ____
Signature _____		