



**MEMBERSHIP REGISTRATION – DUES AGREEMENT - RELEASE(S) FORM**

Participant's Name: \_\_\_\_\_ Participant prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ School Grade: \_\_\_\_\_

Participant's Primary Care-Givers: \_\_\_\_\_

Mailing Address (es): \_\_\_\_\_ Adult(s) Phone #'s \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Adult(s) email addresses: \_\_\_\_\_

Note: Communication about events will often be done by email. *Please list emails that you check on a regular basis.*

Adults in the home use Facebook, Twitter, and Instagram? \_\_\_\_ Yes \_\_\_\_ No (Circle One(s) Social Media Used Frequently)

Best Way to Contact/Communicate: \_\_\_\_\_

Participant email address: \_\_\_\_\_ Participant uses Facebook? \_\_\_\_ Yes \_\_\_\_ No

In Case of Emergency, please contact \_\_\_\_\_ at \_\_\_\_\_

**GENERAL RELEASE:**

"I/We hereby grant permission for my/our child \_\_\_\_\_ to be a member of the Phenomenal Young Women in White Plains, Maryland and to participate in activities arranged by the Phenomenal Women Team in this regard from time to time. We recognize the importance of the commitment that she makes and that her participation as a part of a larger community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the adult leaders, is not in the best interest of the trip or event, our/my child or any member of the group may, therefore, be sent home. I/We will assume full legal and financial responsibilities for such a return trip."

"I/We hereby release from any liability Phenomenal Young Women in White Plains, Maryland and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/We specifically release and will hold harmless Phenomenal Young Women officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Phenomenal Young Women in White Plains, Maryland."

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Signature of Participant

Date

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Signature of Parent / Guardian

Date



**PARTICIPANT HEALTH FORM**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance: \_\_\_\_\_ Policy or Plan # \_\_\_\_\_

Participant's Medical # (if applicable): \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Day Phone \_\_\_\_\_ Night Phone \_\_\_\_\_

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use the back of this form or an additional page(s) if necessary)

\_\_\_\_\_  
\_\_\_\_\_

Restrictions on activities: \_\_\_\_\_

Regularly prescribed medications and doses: \_\_\_\_\_

Date of most recent tetanus booster? \_\_\_\_\_ Allergies to drugs? \_\_\_\_\_

Allergies or special diet? \_\_\_\_\_

**PARENT / GUARDIAN AUTHORIZATION:**

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Phenomenal Young Women in White Plains, Maryland and adult leaders to take whatever steps they deem necessary to insure the well-being of my child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, \_\_\_\_\_ do hereby authorize Phenomenal Young Women in White Plains, Maryland to take necessary emergency measures in the treatment of (participant): \_\_\_\_\_ if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event, that I cannot be reached in an emergency, I hereby the authorize the physician selected by Phenomenal Young Women Inc and emergency response team to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

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

\_\_\_\_\_  
Date



**PLEDGE OF EXCELLENCE & MASTER PERMISSION SLIP 2017**

**PLEDGE OF EXCELLENCE**

A pledge of excellence is an agreement in partnership with PYW between members of a community. As a participant in PYW activities and trips, I, \_\_\_\_\_ pledge to exemplify EXCELLENCE. I pledge to be open minded, flexible, and compassionate, showing respect for other people, their bodies, their property, their cultures, and their beliefs. I also pledge to listen to directions, to be mindful of safety, and to refrain from any behavior that harms or endangers myself, others, or the health of the group, including but not limited to bullying, sexual activity, harassment, violence, negativity, intense displays of affection, and possession or use of tobacco, alcohol, or drugs not prescribed to me. I pledge to speak up about my own needs and to speak to an adult immediately if I feel unsafe or if I witness breaches of pledge.

I understand that when we keep our pledge of excellence promises to each other, we are a safe environment in which we are all lifted up. When we break covenant with each other, we break trust and disrupt our ability to operate as a safe and devoted community. I understand that should I decide to break this pledge of excellence; I may be asked by adult leaders to leave the activity or event. At the discretion of the Directors and/or the adult leaders, I may also be referred to have a parent conference with the PYW Directors for support and may be expected to speak to before my PYW Peer Panel to discuss my choices before being allowed to participate in future PYW activities.

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Signature of Participant

Date

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Signature of Parent(s)/Guardian(s) (participants under 18)

Date

**MASTER PERMISSION SLIP**

*Note: Care-givers will be notified in advance about the dates and destinations of all trips.*

\_\_\_\_\_ has my permission to go on all field trips and to all events with the Phenomenal Young Women in White Plains, Maryland for the 20\_\_ Calendar Year from January 1 – December 31, 20\_\_ unless I specify otherwise in writing.

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Signature of Parent(s)/Guardian(s)

Date



**MEMBERSHIP DUES FORM AND AGREEMENT**

Member(s) Name(s): \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
Member(s) Name(s): \_\_\_\_\_ Prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ School Grade: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ School: \_\_\_\_\_ School Grade: \_\_\_\_\_

Participant's Primary Care-Givers: \_\_\_\_\_

Mailing Address (es):	Adult(s) Phone #'s
_____	_____
_____	_____
_____	_____

Adult(s) email addresses: \_\_\_\_\_  
Note: Communication about events will often be done by email. *Please list emails that you check on a regular basis.*

Adults in the home use Facebook, Twitter, and Instagram? \_\_\_\_ Yes \_\_\_\_ No (Circle  
One(s) Social Media Used Frequently)

Best Way to Contact/Communicate: \_\_\_\_\_

Participant email address: \_\_\_\_\_ Participant uses Facebook? \_\_\_\_ Yes \_\_\_\_ No  
Participant email address: \_\_\_\_\_ Participant uses Facebook? \_\_\_\_ Yes \_\_\_\_ No

In Case of Emergency, please contact \_\_\_\_\_ at \_\_\_\_\_

**Monthly Dues-** \$25 (due by the 15<sup>th</sup> of each month)

**Options of payment: (Choose one)**

- \_\_\_\_\_ One annual payment \$300 (due January 15<sup>th</sup>)
- \_\_\_\_\_ Two semi-annual payments \$150 (due January 15<sup>th</sup> and June 15<sup>th</sup>)
- \_\_\_\_\_ Twelve monthly payments \$25 (due the 15<sup>th</sup> of each month)

**Automatic payments are available will be deducted upon receipt of payment agreement.**

**Shirt Cost-** \$30 each (We have a long sleeve for winter and short sleeve for summer.)



### Credit Card Payment Authorization Form

Sign and complete this form to authorize *Phenomenal Young Women Inc* to make a one-time debit monthly to your credit card or *PayPal Account* listed below.

By signing this form, you give **PYW** permission to debit your account for the amount indicated on or after the indicated date. This is permission for transactions and does not provide authorization for any additional unrelated debits or credits to your account.

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#### Please complete the information below:

I \_\_\_\_\_ authorize *Phenomenal Young Women Inc* to charge my credit card or *PayPal Acct.* (Full Name)

account indicated below for *PYW Membership Dues* on or by the 15<sup>th</sup> of each month over a twelve-month annual period.

**Monthly Dues-** \$25 (due by the 15<sup>th</sup> of each month) (Multiple Member Discount \$5 off each)

#### Options of payment: (Choose one)

- \_\_\_\_\_ One annual payment \$300 (due January 15<sup>th</sup>)
- \_\_\_\_\_ Two semi-annual payments \$150 (due January 15<sup>th</sup> and June 15<sup>th</sup>)
- \_\_\_\_\_ Twelve monthly payments \$25 (due the 15<sup>th</sup> of each month)

**Shirt Cost-** \$30 each (We have a long sleeve for winter and short sleeve for summer.)

\_\_\_\_\_ New Member Shirt    \_\_\_\_\_ Summer Shirt    \_\_\_\_\_ Winter Shirt    \_\_\_\_\_ Summer & Winter (\$50 Special)

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> PayPal
Cardholder Name _____
Account Number/Email _____
Expiration Date _____ CVC _____
SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Phenomenal Young Women, INC in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Phenomenal Young Women, INC may at its discretion attempt to process the charge again within 30 days and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.