



OLD TOWN-ORONO YMCA

After School Activity Program Pre-K-5th Grade | Ages 4-12 2025 Registration Packet

Child's Name

Age

School Grade as of September 1, 2025

Date

Please return completed packet to the Front Desk.

Once your child is enrolled you will receive a confirmation email from the YMCA.

For Staff Use Only

Date & Time Registration Packet Received: _____

Registration Completed: _____

Staff Initials: _____

Registration Fee Paid?

Yes

No

Staff Initials: _____

Payments Scheduled?

Yes

No

Staff Initials: _____

Child & Family Information

Child's Name (First, Middle, Last): _____

Physical Address: _____

Gender: Male Female Date of Birth: _____ Age: _____

Email Address (used for mass communication): _____

Siblings Attending YMCA Childcare

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Primary Parent's Information

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Employer Phone: _____

Job Title: _____

Please Indicate with whom the child lives: ☐ Mother ☐ Father ☐ Guardian

Please indicate if Parents are: ☐ Single ☐ Married ☐ Divorced

Secondary Parent's Information

Name: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Employer: _____

Employer Phone: _____

Job Title: _____

Please provide a copy of any necessary legal documents (i.e. custody, visitation, child pick up, etc.)

Child Release: I give the OLD TOWN-ORONO YMCA permission to release my child as indicated on the registration form. I understand that any changes to this information must be submitted in advance and in writing to the Childcare Director's office. In the event that there is a question about who my child may go home with, my child will be kept at camp, I will be notified and will be responsible for picking him/her up at camp.

Parent/Guardian Signature

Date

Child's Emergency Contact Information

If both parents are not available in an emergency, please notify:

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Name: _____ Relationship to Child: _____

Home: _____ Work: _____ Cell: _____

Email Address: _____

Home Address: _____

Authorized Pick Up List

The following people are authorized to pick up my child from the Old Town-Orono YMCA program:

Name	Relationship	Contact Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Important Child Release Information

- Individual picking up child must be listed above under the Authorized Pick Up List.
- Individual picking up child must have proper photo identification (Drivers License, State ID, Passport).
- Individual picking up child must be 18 years of age or older.
- Changes made to the Authorized Pick Up List must be made in advance of child pick up and in writing to the Childcare Director's office.

I have read the Important Child Release Information and have been given the opportunity to speak with a representative of OLD TOWN-ORONO YMCA before signing this release.

Parent/Guardian Signature

Date

Child's Medical Information (Please Print)

Child's Name: _____ Date of Birth: _____

Primary Care Provider: _____ Phone Number: _____

Address: _____

Dental Provider: _____ Phone Number: _____

Address: _____

Insurance Company: _____

Policy Holder's Name: _____ Policy Number: _____

Please indicate if your child is under the care of a physician for any of the following conditions:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Severe Illness | <input type="checkbox"/> Surgery | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures/Convulsions |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Ear Infection/Tube |
| <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Physical Difficulty |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Other: _____ | | |

Please list any medications (including inhalers) that your child is currently using: _____

Please share any recommendations and/or restrictions while at the YMCA: _____

Please share any additional health information: _____

Please list any accidents, operations, or medical conditions: _____

Contracted Diseases & Dates:

Chicken Pox: _____ Other: _____

A copy of your child's immunization records is required.

Allergies

Please list any allergies your child has (bee stings, food, medication, etc.) _____

Does your child have/use and EPI Pen? ☐ Yes ☐ No

Illness

We need your help to keep children and staff healthy. It is the responsibility of the parent(s) to be open and honest with staff about any illnesses the child or parent may be experiencing.

If your child becomes ill while at the Y, you will be contacted as soon as possible. If the parent/guardian is unable to be reached, the emergency contacts will be notified in the order listed.

It is the responsibility of the parents/guardians/emergency contacts to arrange for the child to be picked up within an hour of receiving the phone call.

Symptoms requiring your child to stay home or be sent home from the program:

- Fever of 100.4 or above
- Vomiting
- Consistently Loose Stool/Diarrhea
- Sore Throat
- Earache
- Rash
- Confusion/Irritability
- Any illness accompanied by uncontrolled coughing, irritability, persistent crying, difficulty breathing or wheezing.

If your child's illness is a contagious illness, the program may require a doctor's note to return.

Parent/Guardian Signature

Date

Program Information

2025 AFTER SCHOOL ACTIVITY PROGRAM RATES

	Family Membership	Individual Youth Membership & Guests
3 Day Rate	<input type="checkbox"/> \$110	<input type="checkbox"/> \$130
5 Day Rate	<input type="checkbox"/> \$130	<input type="checkbox"/> \$150

MY CHILD IS REGISTERING FOR:	3 Days	5 Days
	<input type="checkbox"/>	<input type="checkbox"/>

No camp or After School Activity Program offered the week of August 25th – August 29th.

IF ATTENDING 3 DAYS, MY CHILD WOULD ATTEND THE FOLLOWING DAYS:

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Automatic payments are required.
- Third party payments: The YMCA accepts third party payments (i.e. DHS) once written verification is received from the third party. Fees accrued prior to the effective date, uncovered portions, and vouchers not signed in a timely manner, are the responsibility of the parent or guardian.
- Parents receiving vouchers, State subsidies or other State assistance for childcare must have payments sent directly to the OLD TOWN—ORONO YMCA.
- We offer a \$10 per week Multi-Child discount!
- Scholarships are available, please see the Front Desk for more information.

Help Us Get to Know Your Child

Please answer all of the following

Is your child:

Shy: Yes No

Aggressive: Yes No

Sensitive: Yes No

Easily
Embarrassed: Yes No

Other: _____

Does your child have any food preferences or restrictions?

Is your child afraid of:

The Dark: Yes No

Blood: Yes No

Heights: Yes No

Other: _____

Does your child have any of the following developmental needs:

Visual: Yes No

Hearing: Yes No

Physical: Yes No

Emotional: Yes No

Social: Yes No

Verbal: Yes No

Other: _____

Please explain anything else you would like us to know about your child:

Child's Swimming Ability

What is your child's prior aquatics experience level:

- ☐ No Experience ☐ Some Informal Experience ☐ Deep-End Swimmer
- ☐ Some Swim Lesson Experience
Swim Stage: _____

Swim Test: The Old Town—Orono YMCA's Deep End Test is a proficient, independent, unassisted, and non-stop demonstration of the following:

- Beginning in the shallow end, swim 25 yards (1 length) on front,
- Exit the pool without using the ladder or ramp,
- Jump into deep water and fully submerge,
- Tread water for 1 minute with head and chin out of the water.

Red Wristband—Shallow End: Swimmers who have not passed the Old Town—Orono YMCA Deep End Test must wear a red wristband at all times. Those who decline to take the test are also considered Red Wristband swimmers. Red Wristband swimmers may only swim in the shallow section of the pool and require active adult supervision.

Green Wristband—Entire Pool: Swimmers who have passed the Old Town—Orono YMCA Deep End Test must wear a green wristband at all times. Green Band swimmers may swim in any section of the pool.

Water Safety Guidelines: All Red Wristband swimmers must wear a coast guard approved personal floatation device. All children will be swim tested. Adequate number of lifeguards and staff supervision are provided. Staff & Child "Buddy checks" will be done. All YMCA staff are FIRST AID and CPR certified.

Please share any comments or concerns you have regarding your child's swimming ability:

WATER ACTIVITIES OFFERED: I understand water activities are offered at the following locations:

Old Town—Orono YMCA
472 Stillwater Avenue
Old Town, ME 04468

Old Town Community Pool
203 Stillwater Avenue
Old Town, ME 04468

Parent/Guardian Signature

Date

Policies and Waivers

Child's Name: _____

Date of Birth: _____

Parent/Guardian Signature:	ILLNESS In the case that your child becomes ill while at the Y, you will be contacted as soon as possible. If the parent/guardian is unable to be reached, the emergency contacts will be notified in the order listed. It is the responsibility of the parents/guardians/emergency contacts to arrange for the child to be picked up within an hour of receiving the phone call.
Parent/Guardian Signature:	EMERGENCY AUTHORIZATION I hereby give permission to the medical personnel to obtain emergency treatment in the event I cannot be reached in an emergency. I hereby give permission to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me or my child as named above. This form may be photocopied for use when traveling off site.
Parent/Guardian Signature:	MEDICATION POLICY <i>Prescription medication</i> must be submitted directly to a Childcare Director in its original container bearing the pharmacy label, which shows the date of the filling; the name of the pharmacy, patient, doctor and medication; directions for use and cautionary statements, if any, and medication quantity. <i>Over the counter medication</i> must be submitted directly to a Childcare Director in its original container bearing the original label, and a note which shall include the directions for use.
Parent/Guardian Signature:	ACETAMINOPHEN OR IBUPROFEN I authorize my child to receive the recommended dosage of children's acetaminophen or ibuprofen (ex. Children's Tylenol) if he/she should reach a fever of 102 degrees or above and staff are unable to locate a parent/guardian.
Parent/Guardian Signature:	PHOTOGRAPHY/VIDEO RELEASE I, the undersigned, consent to the use of my child's likeness (photographic, non-photographic, or otherwise), actions and appearance by the Old Town-Orono YMCA in connection with any publication, program or in any and all media, including the Old Town-Orono YMCA website, authorized by, made or published the Old Town-Orono YMCA, and to the advertising and publicity in any and all media now known or hereafter devised. The results and proceeds of my services in connection with the photographs, tapes, films or drawings shall be and remain solely the property of the Old Town-Orono YMCA
Parent/Guardian Signature:	CELLPHONES We ask that parents observe a no-cell phone policy when entering our premises. It gives parents and children a chance to share the events of the day.
Parent/Guardian Signature:	PARTICIPATION By select yes or no, I hereby grant/deny permission for my child to participate in Swim Lessons <input type="checkbox"/> Yes <input type="checkbox"/> No Walks (i.e. Bike path) <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent/Guardian Signature:	SUNSCREEN I understand that I need to provide sunscreen for my child every day (including enough for reapplication). Should my child arrive at camp without sunscreen, it will be provided at an additional fee.
Parent/Guardian Signature:	WATER ACTIVITIES OFFERED I understand water activities are offered at the Old Town-Orono YMCA, located at 472 Stillwater Avenue, Old Town, ME 04468, and at the Old Town Community Pool, located at 203 Stillwater Avenue, Old Town, ME 04468. Lifeguards and staff supervision are always present.
Parent/Guardian Signature:	DROP OFF/PICK UP Children can be dropped off between 7:00 AM and 9:00 AM daily. Regular pickup time is at 5:30PM. Authorized pickups must provide a photo ID. Children will not be released to anyone unable to provide a photo ID even if they are listed as an authorized person for daily pickup.
Parent/Guardian Signature:	LATE PICKUP PENALTY There is a late pickup penalty of \$8 for every child not picked up by 5:30PM. Families will be billed for any additional amount of time after their designed pickup time. Reoccurring late pickup may result in disenrollment. Parents may choose to sign up for extended care from 5:30PM to 6:00PM for an additional \$30 per week.
Parent/Guardian Signature:	PARTICIPANTS HEALTH I hereby certify that my child is in good health and capable of safe participation in the Old Town—Orono YMCA Programs.
Parent/Guardian Signature:	TRANSPORTATION I give permission to use bus transportation provided by the Old Town-Orono YMCA for fieldtrips. In the event of i.e. unreasonable behavior, sickness or minor injury, I will allow the Old Town-Orono YMCA to transport my child by staff vehicle.

Parent/Guardian Signature _____

Date _____



The Old Town - Orono YMCA

Revised 05/05/2020

Member & Participant Waiver Form

1st Staff Initial: _____

2nd Staff Initial: _____

Membership Type: <input type="checkbox"/> Member <input type="checkbox"/> Participant					
Membership Category: <input type="checkbox"/> Preschool <input type="checkbox"/> Youth <input type="checkbox"/> Teen <input type="checkbox"/> Young Adult <input type="checkbox"/> Adult <input type="checkbox"/> Senior <input type="checkbox"/> Family <input type="checkbox"/> Senior Couple					
Primary Adult					
First Name	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Address		Apt.	City	State	Zip
Phone Number		Email		Veteran <input type="checkbox"/> Y <input type="checkbox"/> N	
Ethnicity <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Native American <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other					
Emergency Contact: First Name		Last Name		Phone Number	Relation to Primary
Employer Name					
Secondary Adult					
First Name	Last Name		Date of Birth	Gender	Relation to Primary
Additional Family Members					
First Name	Last Name		Date of Birth	Gender	Relation to Primary
First Name	Last Name		Date of Birth	Gender	Relation to Primary
First Name	Last Name		Date of Birth	Gender	Relation to Primary
First Name	Last Name		Date of Birth	Gender	Relation to Primary

Old Town-Orono YMCA Sex Offender Policy

The Old Town – Orono YMCA considers it of great importance to provide a safe and threat-free environment at the Old Town – Orono YMCA. For this reason, the YMCA monitors the sexual offender registry. Persons on that list will not be eligible for YMCA membership, program participation, volunteer or employment opportunities with this YMCA.

FACILITY RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

FACILITY RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT CONTINUED

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA. I, for myself and as the parent and/or legal guardian of above listed, understand the nature of activities and the inherent dangers involved in such activity. I hereby release, discharge, covenant not to sue, and AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the OLD TOWN/ORONO YMCA, its instructors, and employees, from any and all liability, claims, demands, losses or damages in any way related to my or my child's use of the facilities, equipment, or apparatus of OLD TOWN/ORONO YMCA. I further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasee, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or any cost that may incur as the result of any such claim, to the fullest extent permitted by law.

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

By signing this release, I acknowledge my understanding and acceptance of the following for **Gymnastics** _____ **(Initial)**

That gymnastics is an active sport, which requires strength, agility and concentration and that it is solely my responsibility to determine that my child is in good health and good physical and mental condition before permitting my child to exercise, work out, receive instruction or perform. That gymnastics requires twisting, turning, tumbling, jumping, extension and rotation, which movements are often performed with considerable force and/or at considerable height and which can result in severe, permanent personal injuries, including, but not limited to, bruised, strained, sprained or torn muscles, tendons and ligaments, broken bones, derangements or dislocations of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. That gymnastics requires the use of apparatus and equipment, which may cause or contribute to severe, permanent personal injuries, such as those described above.

By signing this release, I acknowledge my understanding and acceptance of the following for **Contact Sports** _____ **(Initial)**

That there are numerous risks and hazards inherent in contact sports including but not limited to: collisions with other participants and spectators, athletic injuries, and various other forms of injury. Further, I understand that there may be other risks not known to me or reasonably foreseeable at this time. I understand that having an Old Town-Orono YMCA employee present does not lessen the amount or severity of the risks of these activities. I understand that Old Town-Orono YMCA is not responsible for my safety and I freely and expressly assume and accept the responsibility for any and all risks of injury or death while participating in contact sports.

By signing this release, I acknowledge my understanding and acceptance of the following for **Rock Climbing** _____ **(Initial)**

That there are numerous risks and hazards inherent in the sport of climbing including but not limited to: collisions with other participants and spectators. Further, I understand that there may be other risks not known to me or reasonably foreseeable at this time. I understand that having an Old Town-Orono YMCA employee present does not lessen the amount or severity of the risks of these activities. I understand that Old Town-Orono YMCA is not responsible for my safety and I freely and expressly assume and accept the responsibility for any and all risks of injury or death while participating in the sport of climbing.

By signing this release, I acknowledge my understanding and acceptance of the following for **Fitness and Exercise** _____ **(Initial)**

I have been offered and urged to attend an equipment orientation before using any equipment or beginning any exercise. I have been urged to consult with my physician for a physical to determine any health risks associated with my exercising. I understand that exercise will place an increased workload on my cardiorespiratory and musculoskeletal system and there is a risk of physical changes during or following my exercise. I understand that failure to use the equipment properly may result in injury, illness, or medical problems not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light headed or becoming faint, stroke, heart attack, joint problems or other physical problems. I understand I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the fitness instructor, another YMCA professional staff member or the front desk attendant. I certify I have no physical condition which prevents me from safely engaging in an exercise program and agree to abide by all rules and regulations of the YMCA.

By signing this release, I acknowledge my understanding and acceptance of the following for **Nationwide Membership** _____ **(Initial)**

By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

By signing this release, I acknowledge my understanding and acceptance of the following for **COVID-19** _____ **(Initial)**

Coronavirus, COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in the Old Town - Orono YMCA programs or accessing the Old Town - Orono YMCA facilities could increase the risk of contracting COVID-19. The Old Town - Orono YMCA in no way warrants that COVID-19 infection will not occur through participation in the Old Town - Orono YMCA programs or accessing the Old Town - Orono YMCA facilities.

I have read the Release of Liability for Personal Injury and have been given the opportunity to speak with a representative of OLD TOWN-ORONO YMCA before signing this release.

I agree to abide by the Old Town - Orono YMCA Member Code of Conduct _____ **(Initial)**

I HAVE READ THIS RELEASE:

I HAVE READ THIS RELEASE:

Member/Participant Signature	Date	Parent/Legal Guardian of Member/Participant (if legally a minor)	Date
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The Old Town - Orono Y does take photographs and/or videos during both regular business hours and during special events that may be used for promotional purposes.

Old Town-Orono YMCA

472 Stillwater Avenue, Old Town ME 04468

207.827.9622

www.otoyymca.org



OLD TOWN-ORONO YMCA EFT & Monthly Draft Agreement
472 Stillwater Avenue, Old Town, ME 04468
www.otoymca.org 207-827-9622

Member Name: _____
Billing Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Email:** _____

Bank Account

☐ CHECKING ☐ SAVINGS

Name on Account: _____

Bank Name: _____

Routing #: _____

Account #: _____

Credit/Debit Card

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX

Name on Card: _____

Card #: _____

Expiration Date: _____

Electronic Funds or Credit Card Authorization: I hereby authorize the OLD TOWN-ORONO YMCA to access my checking or savings account and/or my Visa, Mastercard, American Express or Discover Card for payments. I understand that I am pre-authorizing the OLD TOWN-ORONO YMCA to submit payment for charges on the due dates. I authorize the bank to honor these transactions. When the bank honors electronic funds transfers or credit card charges, such transfer shall constitute notice of payment due and my receipt of payment. Should any pre-authorized payment be returned, it is understood that the payment is to be made by me in the amount of said payment plus a \$15 service charge. It is further understood that if such payment is not honored by the bank or credit card institution, the YMCA, at its discretion may resubmit the amount due for payment on a future date. Further, I understand that monthly membership draft payments will be taken on the due date each month.

OLD TOWN-ORONO YMCA EFT Payment Agreement

- _____ This payment information will be kept on file and may be used upon my verbal authorization to pay balances due.
- _____ Changes to account information, including credit card expiration date and termination requests must be given in writing and received by the YMCA no later than the last day of the month to be effective the following month.
- _____ I understand that that if my draft information or credit card is lost or stolen I am to notify the YMCA so I do not incur any returned payment fees. Returned payment fees are \$15 per occurrence.
- _____ The YMCA Board of Directors, at its discretion, may adjust the monthly rate applicable to my membership category. I understand that a notice will be sent at least four weeks prior to any such change.
- _____ I understand that if I wish to terminate or change my membership, I must provide written notice to the YMCA no later than the last day of the month prior to when termination/change will take place and if that request is made via fax or email it will not take effect until I have received confirmation from a YMCA staff member.
- _____ Membership cards are the property of the Old Town – Orono YMCA and must be surrendered upon demand.

I understand that this agreement will remain in effect unless I cancel in writing, and that membership is perpetual until such cancellation. Membership dues are non-refundable and non-transferable.

Account Holder's Signature: _____ **Date:** _____ **Staff Member's Initials:** _____