



OLD TOWN-ORONO YMCA

Camp Compass Roots (Ages 4-12) 2026 Registration Packet

Child's Name

Age

School Grade as of December 1, 2025

Date

(Must be enrolling in Kindergarten Fall 2026 to register)

Please return completed packet to the Front Desk.

Full time enrollments (5 day and/or all 10 weeks) have priority registration.

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): _____

RACE:

☐ AMERICAN INDIAN/
ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN
AMERICAN ☐ HISPANIC/
LATINO ☐ MIDDLE EASTERN/
NORTH AFRICAN ☐ NATIVE HAWAIIAN/
PACIFIC ISLANDER ☐ WHITE

Siblings Attending YMCA Childcare

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 REGISTRATION INFORMATION

2026 CAMP COMPASS ROOTS RATES		
	Family Membership	Individual Youth Membership & Guests
3 Day Rate	<input type="checkbox"/> \$175	<input type="checkbox"/> \$205
5 Day Rate	<input type="checkbox"/> \$260	<input type="checkbox"/> \$290
\$280 deposit due at registration, this will be applied to the first weekly payment(s). Registrations received before 12/31/25 qualify for 2025 pricing (\$10 less each week)!		

ACTIVITY FEE SELECTION		
BACKCOUNTRY BASICS	\$75	<input type="checkbox"/>
EXPLORATION ESSENTIALS	\$100	<input type="checkbox"/>
FRONTIER FUEL	\$125	<input type="checkbox"/>

NEW THIS SUMMER

Our Activity Fees have been restructured! This year, we're offering three levels to choose from based on what you're comfortable paying. In addition to our tiered Activity Fee pricing, we also offer income-based financial assistance.

BACKCOUNTRY BASICS

\$75

This adjusted fee covers only the basic costs: field trip fees and camp shirts

EXPLORATION ESSENTIALS

\$100

This partially subsidized fee is designed for those who can support our basic field trip costs as well as additional transportation and activity expenses

FRONTIER FUEL

\$125

POWERING THE ULTIMATE SUMMER ADVENTURE!

This fee most accurately accounts for the true costs of our summer adventures, including basic costs, transportation and activity expenses, and our daily snacks and meals

MY CHILD IS REGISTERING FOR:		3 Days	5 Days
ALL 10 WEEKS		<input type="checkbox"/>	<input type="checkbox"/>
Week 1	June 15-19	<input type="checkbox"/>	<input type="checkbox"/>
Week 2	June 22-26	<input type="checkbox"/>	<input type="checkbox"/>
Week 3	June 29- July 3	<input type="checkbox"/>	<input type="checkbox"/>
Week 4	July 6-10	<input type="checkbox"/>	<input type="checkbox"/>
Week 5	July 13-17	<input type="checkbox"/>	<input type="checkbox"/>
Week 6	July 20-24	<input type="checkbox"/>	<input type="checkbox"/>
Week 7	July 27-31	<input type="checkbox"/>	<input type="checkbox"/>
Week 8	August 3-7	<input type="checkbox"/>	<input type="checkbox"/>
Week 9	August 10-14	<input type="checkbox"/>	<input type="checkbox"/>
Week 10	August 17-21	<input type="checkbox"/>	<input type="checkbox"/>
Child Care will be closed August 24th - August 28th.			

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"/>

- All registrations are FINAL as of June 1st. There will be no refunds issued for cancellations after this date.
- Full time enrollments (5 day and/or all 10 weeks) have priority registration.
- \$280 Deposit is non-refundable
- Automatic payments are required.
- Third party payments: The Old Town-Orono YMCA accepts third party payments (CCSP, ASPIRE, FOSTER CARE, ETC). 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.
- We offer a \$10 per week Multi-Child discount!
- Scholarships are available, stop by the Front Desk for more information, or visit otoymca.org/camp to apply!

REGISTRATION PAYMENT INFORMATION	
DEPOSIT	\$280
ACTIVITY FEE	
TOTAL DUE AT REGISTRATION	
PAYMENT METHOD	<input type="checkbox"/> CHECK ENCLOSED <input type="checkbox"/> CHARGE PAYMENT METHOD ON FILE

Parent/Guardian Signature: _____

Date: _____

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

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. 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 \$30 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.
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 _____



OLD TOWN-ORONO YMCA
MEMBER & GUEST APPLICATION

POLICY #:

MEMBER BARCODE:

2ND STAFF INITIALS:

1ST STAFF INITIALS:

CATEGORY: ☐ MEMBER ☐ GUEST ☐ EMPLOYEE

MEMBERSHIP TYPE: ☐ YOUTH ☐ YOUNG ADULT (18-25) ☐ ADULT (26+) ☐ OLDER ADULT (65+) ☐ SENIOR COUPLE ☐ FAMILY

PRIMARY ADULT

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____

PRIMARY PHONE: _____ EMAIL: _____

RACE:

☐ AMERICAN INDIAN/
ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN
AMERICAN ☐ HISPANIC/
LATINO ☐ MIDDLE EASTERN/
NORTH AFRICAN ☐ NATIVE HAWAIIAN/
PACIFIC ISLANDER ☐ WHITE

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMERGENCY CONTACT

NAME: _____ PHONE NUMBER: _____

SECONDARY ADULT

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____

PRIMARY PHONE: _____ EMAIL: _____

RACE:

☐ AMERICAN INDIAN/
ALASKA NATIVE ☐ ASIAN ☐ BLACK/AFRICAN
AMERICAN ☐ HISPANIC/
LATINO ☐ MIDDLE EASTERN/
NORTH AFRICAN ☐ NATIVE HAWAIIAN/
PACIFIC ISLANDER ☐ WHITE

OTHER HOUSEHOLD MEMBERS

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FULL NAME: _____ GENDER: ☐ MALE ☐ FEMALE ☐ OTHER

DATE OF BIRTH: _____ RELATION TO PRIMARY ADULT: _____

FACILITY RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IMPORTANT: THIS IS A LEGAL DOCUMENT. PLEASE READ CAREFULLY.

By signing this agreement, I acknowledge and agree to the following terms and conditions related to the use of Old Town–Orono YMCA facilities, equipment, observation of, or participation in programs:

1. GENERAL RELEASE AND ASSUMPTION OF RISK

In consideration of being permitted to access and use the YMCA's facilities, equipment, services, or to observe or participate in YMCA programs (on- or off-site), I, for myself and any personal representatives, heirs, and next of kin, acknowledge that I have inspected and found the premises and equipment to be reasonably safe. I further acknowledge that my entry into YMCA facilities or participation in any affiliated programs constitutes my acceptance that such spaces and equipment are reasonably safe and suitable for their intended use. I voluntarily assume full responsibility for any risks of injury, illness, property damage, or death, whether caused by negligence or otherwise, arising out of my use of or presence on YMCA premises or observation of YMCA activities.

I hereby release, discharge, and agree not to sue the Old Town–Orono YMCA, its directors, officers, employees, volunteers, and agents ("Releasees") from any and all liability, claims, or demands arising out of or related to my use, observation, or my child's use or observation of YMCA services, facilities, or programs.

2. INDEMNIFICATION

If a claim is made against any of the Releasees by myself, my child, or anyone acting on our behalf, I agree to indemnify and hold harmless the Releasees from all losses, including litigation expenses, attorney fees, and any other costs.

3. SPECIFIC ACTIVITY WAIVERS

By initialing this section, I acknowledge my understanding and acceptance of the following for Gymnastics: _____

Gymnastics is a physically demanding sport that requires strength, agility, and coordination. I am responsible for ensuring that my child is in appropriate physical and mental condition to participate safely. I understand that movements such as tumbling, jumping, and rotating—often performed at height or with significant force—carry the risk of serious injury, including sprains, fractures, head or spinal injuries, paralysis, or death. I also recognize that the use of gymnastics equipment may contribute to these risks.

By initialing this section, I acknowledge my understanding and acceptance of the following for Contact Sports: _____

Contact sports involve inherent risks, including collisions with other participants, athletic injuries, and unforeseen hazards. I acknowledge that participation may result in serious injury or death and that other risks may exist beyond those listed. I recognize that the presence of YMCA staff does not eliminate these risks, and I freely and voluntarily assume full responsibility for all risks associated with participation.

By initialing this section, I acknowledge my understanding and acceptance of the following for Fitness and Exercise: _____

I have been offered and encouraged to attend an equipment orientation before using any equipment or beginning an exercise program. I have also been advised to consult with my physician to identify any health risks associated with exercise. I understand that physical activity places increased stress on the cardiorespiratory and musculoskeletal systems and may result in physical changes during or after exercise. Improper use of equipment may cause injury or illness, including but not limited to broken bones, sprains, strains, dizziness, fainting, stroke, heart attack, or joint problems. I am responsible for monitoring my condition during exercise and will stop and notify YMCA staff if any unusual symptoms occur. I certify that I am in good health and able to safely participate, and I agree to follow all YMCA rules and guidelines.

By initialing this section, I acknowledge my understanding and acceptance of the following for Aquatics and Pool Use: _____

Participation in aquatic activities, including swim lessons, fitness classes and recreational swimming, involves inherent risks such as slipping, falls, waterborne illness, and accidental injury. While trained lifeguards are always present, I understand that their presence does not eliminate all risks. I agree to follow all posted rules and staff instructions, and I assume full responsibility for my or my child's safe participation in YMCA aquatics programs.

By initialing this section, I acknowledge my understanding and acceptance of the following for Nationwide Membership: _____

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.

4. SEVERABILITY

I agree that this release is intended to be as broad and inclusive as allowed by Maine law, and if any part is held invalid, the remaining provisions shall remain in full effect.

5. PHOTO AND MEDIA RELEASE

For my participation in activities to be conducted by the Old Town–Orono YMCA and/or YMCA of the USA (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting, or rebroadcasting of video film or footage of me, soundtrack recordings of me, photo reproductions of me, and any narrative account of my experience. My consent includes a perpetual license to the Y and collaborating third parties for the use of the materials for publication, display, sale, or exhibition in promotions, advertising, education, and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity. I agree that my consent is irrevocable. I hereby release and discharge the Y and collaborating third parties from all claims, actions, lawsuits, or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

6. EMERGENCY MEDICAL TREATMENT CONSENT

In the event of an emergency, I authorize YMCA staff to seek medical treatment for me or my child if I am not available to do so. I understand that the YMCA is not responsible for any medical costs incurred as a result of emergency care.

7. CODE OF CONDUCT AGREEMENT

I agree that I, and my children, will abide by the Old Town–Orono YMCA Code of Conduct.

8. ACKNOWLEDGMENT AND SIGNATURE

I HAVE READ THIS AGREEMENT, UNDERSTAND ITS TERMS, AND SIGN IT VOLUNTARILY. I have had the opportunity to ask questions and speak with a YMCA representative before signing this agreement. By signing below, I confirm that I have read and initialed each section related to specific activities and understand the risks involved.

MEMBER/PARTICIPANT SIGNATURE: _____ DATE: _____

MEMBER/PARTICIPANT SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN (IF PARTICIPANT IS UNDER 18): _____ DATE: _____



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 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:** _____