



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA OF AUBURN-LEWISTON

## SUMMER CAMP

## 2025



Y Kids Summer Camp Rumford  
Enrolling Children Ages 8 - 11  
6 Week Program starts July 7

Six themed weeks, indoor & outdoor play, field trips, high-ropes course, summer learning loss prevention, arts & crafts, music, and more are all on the horizon for this year's camp experience.

YMCA Summer Camp at Rumford is designed to help each camper achieve their fullest potential, fostering the emotional development, physical wellbeing, and spiritual awareness that comes from interacting with nature and socializing with peers.

### **Y SUMMER DAY CAMP IN RUMFORD**

**Weekdays 8:30am - 4:30pm**

**July 7th to August 15th, 2025**

**Mountain Valley High School**

**799 Hancock Street, Rumford, ME, 04276**

**Camp Director Melissa Porter**

**Email: [mporter@alymca.org](mailto:mporter@alymca.org) Phone: 207-357-6678**

# 2025 REGISTRATION FORM



## CAMPER'S INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ ☐ Male ☐ Female  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

## PARENT/GUARDIAN #1 INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Parent's DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
☐ Check here if home address is the same as Camper  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Custodial Parent? ☐ Yes ☐ No

## PARENT/GUARDIAN #2 INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Parent's DOB: \_\_\_\_\_ Email: \_\_\_\_\_  
☐ Check here if home address is the same as Camper  
Home Address: \_\_\_\_\_ Town: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Relationship to Camper: \_\_\_\_\_ Custodial Parent? ☐ Yes ☐ No

## EMERGENCY CONTACTS & AUTHORIZED PICK-UP PERSONS

\*Use this area to list the individuals we may contact, in addition to Parent/Guardian, in case of emergency.

1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
2. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
3. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
4. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*IDENTIFICATION REQUIRED\* For the safety of our campers, all those listed above, including parents/guardians, must be prepared to show photo ID to the staff as your child is signed out.



# 2025 REGISTRATION FORM



## ***Y Summer Camp in Rumford***

<b>WEEKLY SESSIONS</b> <b>(Check all that apply)</b>	<b>Dates</b> <b>(Monday - Friday)</b>	<b>Cost</b>
<input type="radio"/> Session 1: Stars & Stripes	July 7 - July 11	\$75
<input type="radio"/> Session 2: Summer Fun	July 14 - July 18	\$75
<input type="radio"/> Session 3: Carnival	July 21 - July 25	\$75
<input type="radio"/> Session 4: Camp's Got Talent	July 28 - Aug 1	\$75
<input type="radio"/> Session 5: Olympic Games	Aug 4 - Aug 8	\$75
<input type="radio"/> Session 6: Amazing Race	Aug 11 - Aug 15	\$75

### ***Camp Fees***

→ \_\_\_\_\_ total sessions x \$75 per session = \$ \_\_\_\_\_

### ***Registration Opens 4/12/25***

**\$15 non-refundable deposit per session x \_\_\_\_\_ total sessions = \$ \_\_\_\_\_**

Scheduled payments are required and balances paid 10 days prior to the start of any given session OR Paid in Full.

### ***Payment Method***

#### **Checks**

Payable to "YMCA of Auburn-Lewiston", for deposits and payment in full, only.

Financial Assistance is available for low-income families. Applications are available at the YMCA Welcome Center and on our website [alymca.org/programs/summer-camp-rumford](http://alymca.org/programs/summer-camp-rumford)



## 2025 PARTICIPATION POLICY



I hereby enroll my child in the YMCA of Auburn-Lewiston summer camp program. In signing this application, I certify that he/she is healthy and free of problems that could adversely affect his/her stay or that of other campers.

I grant permission for the applicant to participate in all planned camp activities. Occasionally the YMCA of Auburn-Lewiston transports campers out of camp either by walking or via bus to participate in activities. By signing below, I hereby give my permission for my child to be taken off site, supervised, and to take part in programs with the YMCA of Auburn-Lewiston.

I hereby grant the YMCA of Auburn-Lewiston and its agents full authority to take whatever actions they deem necessary regarding my child's health and safety, and I fully release the YMCA of Auburn-Lewiston from any liability in connection there within. In the event of an emergency, I understand that prudent attempts will be made to contact the undersigned immediately.

- I understand that I will be responsible for payment of all medical and medication bills. I will not hold The YMCA of Auburn-Lewiston, its officials, employees, or volunteers responsible for any injury to my child resulting from transportation to and/or from, and/or attendance in the regular weekly program or additional field trips.
- I hereby give permission to the medical personnel selected by the YMCA of Auburn-Lewiston to treat my child to the best of their ability, to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child.
- In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA of Auburn-Lewiston to secure and administer treatment, including hospitalization, for my child.

The YMCA of Auburn-Lewiston is not responsible for lost, stolen, or damaged personal articles.

I understand that my child must comply with the camp's rules and standards of conduct and that the organization may terminate my child's participation in the camp program without refund if he/she does not maintain these standards.

I individually and corporately agree to hold harmless the YMCA of Auburn-Lewiston, its volunteers, agents, employees and officers irrespective of any negligent act or omission by the YMCA of Auburn-Lewiston and/or those individuals arising from or related in any way to this YMCA of Auburn-Lewiston program.



Continued on next page...

# 2025 PARTICIPATION POLICY



## **PLEASE NOTE**

Camp registration is not complete until we receive your camper's immunization records [scan & email to [mporter@alymca.org](mailto:mporter@alymca.org)], and deposits have been paid, "Scheduled Payments" have been set up (or camp has been paid in full), and the Waivers, Agreements, and Policies at the end of this packet have been completed, including the Membership Application so we are able to process your registration information through our system.

Parent/Guardian Print Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **TO REGISTER:**

**MAIL** your completed forms with deposit, or full payment, to:

YMCA of Auburn-Lewiston Summer Camps  
c/o Melissa Porter  
62 Turner Street  
Auburn, ME 04210

## **YMCA SUMMER CAMP IN RUMFORD FIELD TRIP TRANSPORTATION RELEASE**

Campers Name: \_\_\_\_\_

By signing below, I grant the YMCA Summer Camp program staff, in Rumford, permission to transport my child to and from summer camp during program hours.

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

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

\_\_\_\_\_  
Date



# 2025 HEALTH FORM



## MEDICAL INFORMATION

Preferred Hospital: ☐ Rumford ☐ CMMC ☐ Other: \_\_\_\_\_

Name of Family Physician & Practice: \_\_\_\_\_

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

Do you have medical insurance covering your child? ☐ Yes ☐ No

If yes, please list the name of policy & ID#: \_\_\_\_\_

1. Any current health conditions requiring medication, treatment, or special restrictions while at camp?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

2. Any chronic or long term illness?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

3. Any operations or serious injuries?

☐ Yes ☐ No If yes, please specify: \_\_\_\_\_

Name any known allergies:		Explain reaction and medication used:
FOOD:		
MEDICATION:		
PLANTS:		
ANIMALS:		
OTHER:		

Does your child have any of the following?

☐ Fainting spells ☐ Convulsions ☐ Stomach upsets ☐ Emotional problems ☐ Other \_\_\_\_\_

Does your child need to be administered medication while at camp? ☐ Yes ☐ No

If yes, please list the name of Medication(s) and dosage instructions: \_\_\_\_\_

\*Prescription medication must be in the original pharmacy container with the original label attached; child's name, dosage and instructions must be legible. The medication must be turned into the Camp Office upon arrival at Camp and will be returned at the end of each day/week. Children may not take any form of medication on their own or keep medicines in their bags or pockets.

☐ I hereby authorize camp staff to administer prescription medication(s) listed above.

☐ I give permission to the camp staff to administer any standard CPR/First Aid as needed.

☐ I give permission to the camp staff to administer sunscreen and bug spray as needed.

☐ I understand I need to provide a record of immunizations, including date of last tetanus shot.

In case of a medical or surgical emergency, after every reasonable effort has been made to contact the parent or legal guardian, I hereby give my permission to the physician selected by the camp director to provide whatever emergency medical or surgical treatment is necessary. I authorize the camp staff to transport or obtain emergency transport.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



# Medication Release Form

All Medication **MUST** come in original container.

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) to be administered \_\_\_\_\_

\_\_\_\_\_ Dates to be given (Start) \_\_\_\_\_ (End) \_\_\_\_\_

By signing below, I give permission for Y Summer Camp to administer this medication to my child.

- ❖ I understand that prescription medication must be in the original container, and the dosage, times, and dates listed above must match the original container.
- ❖ I also understand that over the counter medications **MUST** come with a doctor's note, and medication cannot be given to mask symptoms such as fevers.

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Staff will document and record the following information when distributing medications:  
Name of Camper, Date, Medication, Dose, Time, and Staff Initials.

# 2025 CAMPER BEHAVIOR CONTRACT



## PARENTS AND CAMPERS, READ & SIGN THIS STATEMENT

Parents/Guardians, please review the following behavior contract with your child. Ensure that they understand and must adhere to the terms of the contract at all times while at camp.

### CAMP CHARACTER CODE

Developing and displaying positive character values is very important at the YMCA. Caring, Honesty, Respect and Responsibility are a large part of our commitment to offering a safe and exciting camp experience. It is important that our campers agree to live by our Camper Character Code while under our supervision.

**We CARE for ourselves and those around us.**

**We earn each other's trust through HONESTY.**

**We RESPECT each other and the environment.**

**We are RESPONSIBLE for our own choices.**

Each parent and camper must read and check off each of the statements below in acknowledgment of their agreement to abide by camp rules.

WHILE AT CAMP, I WILL:	WHILE AT CAMP, I WILL NOT:
<input type="checkbox"/> Show respect and kindness to other campers & staff.	<input type="checkbox"/> Fight, "rough house" or behave unsafely.
<input type="checkbox"/> Show responsibility by being helpful.	<input type="checkbox"/> Share/trade food with other campers.
<input type="checkbox"/> Be honest with other campers and staff.	<input type="checkbox"/> Threaten or bully other campers.
<input type="checkbox"/> Respect the property of camp and other campers.	<input type="checkbox"/> Take things that don't belong to me.
<input type="checkbox"/> Respect other people's feelings and differences.	<input type="checkbox"/> Use inappropriate language.
<input type="checkbox"/> Have fun and make it fun for others.	<input type="checkbox"/> Bring toys from home.

I have read and understood this Camper Behavior Contract, and agree to follow camp rules and honor the Camper Character Code. I understand that not following these rules will have consequences, which may include, but are not limited to:

- Sitting out activities
- One day dismissal from camp
- Permanent expulsion from camp

Camper Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## ABUSE OR MISTREATMENT OF ONE YOUTH BY ANOTHER YOUTH

*The YMCA has zero tolerance for abuse, mistreatment, or sexual activity among youth within the YMCA. The Y is committed to providing all youth with a safe environment and will not tolerate the mistreatment or abuse of one youth by another youth. Conduct by youth that rises to the level of abuse, mistreatment, or sexual activity will result in intervention or disciplinary action, up to and including dismissal from the program. In addition, the Y will not tolerate any behavior that is classified under the definition of bullying, and to the extent that such actions are disruptive, the YMCA will take the necessary steps to eliminate such behavior.*



**YMCA OF AUBURN-LEWISTON  
BEHAVIOR MANAGEMENT POLICY AND AGREEMENT**

Staff govern the behavior of each child and attempts to work through issues/conflicts as they occur.

- There may be particular or special needs which our staff is not trained to manage, or that our staff to child ratio is not adequate to serve.
  - All participants must be able to participate safely, following all program rules and structure.
- **We do not provide one-on-one supervision** and retain the discretion not to enroll or to remove a participant from our program if that child is not able to participate safely in the program.
  - Children that require a one-on-one aid in school must provide that support in our programs, via family effort.

Staff will process all issues directly with the child using Positive Discipline Techniques in an effort to resolve the issue and assist the child in making better choices. If on-the-spot redirection is not effective and negative behaviors persist negatively impacting the experiences of others, or quality of programming:

1. **Take a Break:** The child may be removed from an activity and take a break, giving them time to relax and find some distance from the conflict. Staff will process the issue or concern with the child, identify better choices and the type of behavior we want demonstrated. They will return to their group when ready.
2. **Second Break:** If a child is asked to take a second break from the program, staff will talk to them again about what is going on and create a plan for the remainder of the day. In some instances, the parent may be called, informed of the child's behavior, and asked to speak with the child in an effort to help redirect their behavior. The child will go back to their group when ready.
  - a. Staff will document behavior on a Behavior Report. Parents will be asked to read and sign the report, outlining the misconduct or inappropriate behavior.
3. **Third Break & Phone Call:** When on-the-spot redirection and steps 1 & 2 have been previously utilized, and the negative behavior persists, a phone call will be made for early pickup. A conversation with the parent will take place and a plan will be worked out for future conflicts.
4. **Suspension:** If a child has reached the point where they have been required to be picked up early on multiple occasions or have received multiple Behavior Reports outlining the same issues, a suspension of up to a week will be implemented.
  - a. A meeting scheduled before the child can return to programming.
    - i. A behavior plan will be developed with input from all parties, and implemented, in a continued effort to help the child succeed in a positive and safe environment.
    - ii. Parent and Staff/Director will communicate often to make sure the plan is making the desired impact.
5. **Expulsion:** The child will be expelled from the program if the behavior plan is not followed, and negative behaviors persist.

**Please note:** If an issue is severe, steps 1-2 may be skipped to deal with a situation appropriately. If a child jeopardizes the safety of his or her peers, they could be sent home for the day or suspended from the program. We will work with families to the best of our abilities to avoid suspension or expulsion from the program. However, **behaviors that may trigger an immediate dismissal or expulsion include, but are not limited to:**

- Running out of area or away from staff; Throwing toys, chairs, etc.; Physical aggression: hitting, kicking, pinching, grabbing, spitting, pushing etc.; Jumping from equipment, tables, chairs, etc.; Knocking over supplies, equipment, tables, chairs, etc.; Outbursts of inappropriate language, or threatening others.

**NO REFUND WILL BE GIVEN for the period of care if a child is dismissed for behavioral reasons.**

I have read, understand, and acknowledge the expectations outlined in the Youth Development Behavior Contract as well as the Behavior Management Policy and Agreement.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name PRINTED: \_\_\_\_\_

Name of Child Enrolled in the Program: \_\_\_\_\_

**YMCA OF AUBURN-LEWISTON  
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for 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 program affiliated with the YMCA, without respect to location, 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 programs 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.

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 PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, 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 therefor 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, without respect to location.
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 releasees 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. 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 members associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

THE UNDERSIGNED further expressly agrees that the forgoing 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.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**Parent | Guardian:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name of Camper:** \_\_\_\_\_

**YMCA OF AUBURN-LEWISTON  
PHOTO / AUDIO / VIDEO RECORDING RELEASE**

As a parent/legal guardian, I grant my child/dependent permission to participate in activities conducted by YMCA of Auburn-Lewiston. I hereby give my permission and consent, now and for all time, to the YMCA of Auburn-Lewiston, the National Council of Young Men's Christian Association of the United States of America (YMCA of the USA) and third parties collaborating with the YMCA of Auburn-Lewiston and/ or YMCA of the USA to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Auburn-Lewiston, for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any commercial products or commercial services.

I further agree to the following:

- Any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experiences at the YMCA of Auburn-Lewiston, I authorize, according to this release, shall belong to the YMCA of Auburn-Lewiston, YMCA of the USA and third parties collaborating with the YMCA of Auburn-Lewiston and/or the YMCA of the USA. Therefore, they will have full right of disposition of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Auburn-Lewiston.
- Any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Auburn-Lewiston will not be subject to any obligation of confidentiality and may be shared with the YMCA of Auburn-Lewiston and/or the YMCA of the USA.
- YMCA of Auburn-Lewiston, YMCA of the USA and third parties collaborating with the YMCA of Auburn-Lewiston and/or the YMCA of the USA shall not be liable for any use or disclosure to a third party of any video film, footage, soundtrack recordings and photo reproductions of me and/ or my narrative account of my experience at the YMCA of Auburn-Lewiston.
- The YMCA of Auburn-Lewiston, YMCA of the USA and third parties collaborating with the YMCA of Auburn-Lewiston, and/or the YMCA of the USA shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Auburn-Lewiston for any purpose without compensation to me.
- I agree that my consent and this release are irrevocable. I hereby release and discharge the YMCA of Auburn-Lewiston, YMCA of the USA and third parties collaborating with the YMCA of Auburn-Lewiston, and/or YMCA of the USA from all claims in connection with the uses and reproductions of any video film, footage, soundtrack recordings and photo reproductions of me and/or my narrative account of my experience at the YMCA of Auburn-Lewiston as described herein. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child if applicable.

PLEASE CHECK THE APPROPRIATE BOX BELOW:

☐

**YES**, I GIVE MY PERMISSION | CONSENT.

☐

**NO**, I DO NOT GIVE MY PERMISSION | CONSENT.

**I HAVE READ THIS RELEASE:** Signature of parent, guardian, or immediate custodian of a minor [under 18 years of age] below:

Parent | Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Camper: \_\_\_\_\_

**YMCA OF AUBURN-LEWISTON  
BANK DRAFT POLICY & AUTHORIZATION**

I authorize my bank to preauthorize Electronic Funds Transfers (or credit card changes) against my account for summer camp payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for payment.

1. A non- refundable/ non-transferable \$15 deposit [per session] is due at the time of registration.
2. The remaining balance is due 10 days prior to the start of any given session, and "Schedule Payments" are required, if the balance has not been paid in full.
  - a. If my child is currently enrolled in the Y's School Age Care program, I understand that I have the option to draft payment on the Friday before the session begins.
3. I understand that should any preauthorized EFT (or credit card) not to be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge of up to \$30. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA of Auburn- Lewiston, at its discretion, may resubmit the amount due for payment to a future date.
  - a. I understand it is my responsibility to notify the YMCA of Auburn- Lewiston of my change in address, bank account information, or credit card/ bank information.
4. LATE PICK UP: I understand that post-camp care ends promptly at 4:30pm.
  - a. Any camper picked up after 4:30pm will incur a late fee of \$10 for the first 9 minutes.
  - b. Pick up at or after 4:40pm will incur the cost of a full day of care: \$41
  - c. By signing below, I authorize any late fees to be drafted from my account the next day.
5. The cost for summer sessions are \$75. I understand that days my child is absent for camp, there are no adjustments made to my weekly fee.

MY PAYMENTS WILL BE [check one]: ☐ **SELF-PAY** ☐ **FUNDED** (ASPIRE, FEDCAP, CCSP, TCC)\*

\*You may still be responsible for a parent fee and must load payment info

NAME (print):

AUTHORIZED SIGNATURE:

DATE:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**YMCA OF AUBURN-LEWISTON  
REFUND & CANCELLATION POLICY**

In addition to policies and procedures outlined in the BANK DRAFT POLICY & AUTHORIZATION forms:

- I understand that days my child is absent for camp, there are no adjustments made to my weekly fee.
- A refund of all paid funds, minus deposits, will be available if canceled TWO WEEKS prior to the start of the next session.
  - No partial refunds will be made.
  - All cancellations must be received in writing [two weeks prior].
- I understand that I am financially responsible for full payment each week regardless of my child's attendance.
  - The YMCA of Auburn-Lewiston only makes exceptions to this policy in the case of injury or illness, and a request for consideration must be accompanied by a doctor's note.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE CAMP REFUND & CANCELLATION POLICY and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

BY SIGNING BELOW, I HAVE READ, UNDERSTAND, AND AGREE TO THIS POLICY.

**Parent | Guardian**

PRINTED NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Camper: \_\_\_\_\_



## MEMBERSHIP APPLICATION

FOR OFFICE USE ONLY:	Primary Name [Last Name, First Name]: _____
____ NSOPW checked for <u>all</u> adults	Membership Number: _____ Membership Type: _____
____ Photo taken	Locker Rental: _____ Locker Number: _____
____ Age requirement form given	Yes No
____ Draft form explained	YMCA Staff Member Processing: _____
Type of discount group if applicable: _____	

**ROUND UP FOR THE Y! Please round up my membership payment to support Y Programs and Scholarships!**

\_\_\_\_ Yes, please round up my membership Amount: \_\_\_\_\_ Per: \_\_\_\_\_ \_\_\_\_ No thank you, I'm not interested

### 1<sup>ST</sup> ADULT

First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

State of ID: \_\_\_\_\_ License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### 2<sup>ND</sup> ADULT

First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

State of ID: \_\_\_\_\_ License # \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

### HOME ADDRESS + EMERGENCY CONTACT

Home Mailing Address: \_\_\_\_\_

Apartment # \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name / Phone: \_\_\_\_\_ / \_\_\_\_\_

**CONTINUED ON NEXT PAGE**

## YMCA OF AUBURN-LEWISTON MEMBERS MUST READ AND CONSENT TO THE FOLLOWING:

- ☒ I am at least 18 years old (parent or legal guardian must sign for a minor).
- ☒ I understand the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.
- ☒ I understand that all memberships are non-transferable and non-refundable.
- ☒ The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.
- ☒ For security purposes, all members, over the age of 16, are required to have a photo taken for their membership account. Each individual, on a unit, will have their photo taken at the time of joining our YMCA. If they are not present at the time of joining, they will need to stop by the front desk and have their photo taken on their first visit.

Signature (by hand): \_\_\_\_\_ Date: \_\_\_\_\_

**YOUTH 1** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

**YOUTH 2** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

**YOUTH 3** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

**YOUTH 4** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

**YOUTH 5** First Name [legal]: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: \_\_\_\_\_

## PLEASE READ AND SIGN THE FOLLOWING WAIVER, AUTHORIZATION, AND RELEASE:

- ☒ I hereby grant permission for my children to receive emergency medical treatment for illness or accident if I cannot first be contacted.

Signature (by hand): \_\_\_\_\_ Date: \_\_\_\_\_