

**Matthew Salem Camp  
Confidential Camper Application**

**Camper Information**

Camper's Name \_\_\_\_\_  Female  Male

Nickname (if any) \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Camper's Birthday \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

T-Shirt Size  AL  AM  AS  XXL  YL  YM

**Payment Schedule**

A \$100 **non-refundable** deposit is required at time of registration. All campers who register after May 31, 2020 must pay the entire camp fee at the time of registration. All camp fees are non-refundable. \*Camperships are available for those who qualify.

Camp Tuition (**\$250 Total**) \$ \_\_\_\_\_

Less Deposit (due with application) \$ \_\_\_\_\_

Balance Due by May 31, 2020 \$ \_\_\_\_\_

I agree that Matthew Salem Camping Foundation, Inc, its agents, employees and volunteers shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in Matthew Salem Camp at any time preceding, during or after camp is in session. I hereby discharge Matthew Salem Camping Foundation, Inc., its agents, employees, and volunteers from all actions, claims, and demands I or my child may have for such an injury or damage. I authorize that Matthew Salem Camping Foundation, Inc. has the right to use all photographs or videos taken of my child during camp for advertising or promotional purposes.

**A Health Record/Medical Release form must be completed and returned before camp enrollment dates in order for the camper to participate in any camp activities.**

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Send application with payment to:**  
Matthew Salem Camp \* P.O. Box 670178 \* Northfield, OH 4406