

**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 YXL YL YM

Payment Schedule

A \$100 **non-refundable** deposit is required at time of registration. All campers who register after May 31, 2019 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, 2019 \$ _____

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 44067