



## 2017 APPLICATION

**WINTER OFFICE**  
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We/I enroll our/my child in the CAMP SKYLEMAR 2017 season, grant permission for him to participate in all activities, and agree to pay tuition as follows:

_____	\$12,550 Full Session	(June 25-August 11)
_____	\$ 8,350 1 <sup>st</sup> Session	(June 25-July 18)
_____	\$ 8,350 2 <sup>nd</sup> Session	(July 19-August 11)

We/I remit with this application a deposit of \$2,500 to be applied against tuition. Half of tuition is due prior to January 1, 2017. Remaining balance is due by May 1, 2017. Fee for spending account is \$350 for Full and 2<sup>nd</sup> Session; \$250 for 1<sup>st</sup> Session. Any applicable sales tax and optional transportation to and from camp are additional. The enrollment deposit and any advanced tuition payments are refundable until January 1, 2017. Thereafter tuition will not be refunded for withdrawal from attendance unless the vacated space is filled by another camper. Any refund will be less an administrative fee of \$400. Tuition is not refundable for late arrival or early withdrawal.

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Camper's Address \_\_\_\_\_

School \_\_\_\_\_ Grade as of September 1, 2017 \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Fax \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

*Camp Skylemar may use photographs, publications, writings, statements, movies or videotapes of the camper in order to promote the camp or the camper's interest without compensation to the camper or the camper's parents for such use. Our/my signature(s) indicates that (i) we/I understand that there are risks of bodily injury to our/my child from participation in the activities offered by Camp Skylemar including travel in camp vehicles; (ii) we/I consent to our/my child's participation in all such activities; (iii) Camp Skylemar will be notified of child custody or parental visitation limitations; (iiii) we/I agree to release any claim we/I may have against, and, further agree to indemnify and to hold harmless in all respects, the Camp, the Camp owners, directors, counselor staff and other employees with regard to any claims, including the claims by the camper named in this application for injuries or damages that may be incurred by this camper as a result of participation in camp activities. This application shall be construed and governed by the laws of the state of Maine. Any suit resulting from a dispute arising hereunder shall be pursued by either party only in the appropriate superior court in the county in Maine where the camp is located, or if jurisdiction will so permit, in the Federal District Court. The camp and the undersigned consent to venue and personal jurisdiction in such courts.*

Enclosed is a check payable to Camp Skylemar for \$ \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Accredited by the American Camp Association**