



2018 APPLICATION

WINTER OFFICE
 P.O. Box 1010, Sparks, MD 21152
 (410) 329-5995
 (410) 329-5095 (fax)
 www.skylemar.com • info@skylemar.com

SUMMER OFFICE
 457 Sebago Road, Naples, ME 04055
 (207) 693-6414
 (207) 693-3865 (fax)
 www.skylemar.com • info@skylemar.com

We/I enroll our/my child in the CAMP SKYLEMAR 2018 season, grant permission for him to participate in all activities, and agree to pay tuition as follows:

_____	\$12,950 Full Session	(June 24 - August 10)
_____	\$8,750 1 st Session	(June 24 - July 17)
_____	\$8,750 2 nd Session	(July 18 - August 10)

We/I remit with this application a deposit of \$3,000 to be applied against tuition. Half of tuition is due prior to January 1, 2018. Remaining balance is due by May 1, 2018. Fee for spending account is \$350 for Full and 2nd Session; \$250 for 1st 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, 2018. 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, 2018 _____

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 camp'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; (iv) 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; (v) the Camp reserves the right to cancel any enrollment prior to the beginning of a session, at its sole discretion, by giving notice of such cancellation and refunding the amount paid; (vi) the Camp may search this camper's possessions with or without cause. For example, this may occur if the Camp has reason to believe that the camper is concealing any item that may be a risk to the health or safety of the camper or another person, is not permitted in camp or its possession by the camper is illegal. 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 _____