

# 2024 Ardrey Summer Camp

**Please Print:**

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Special Conditions or Allergies \_\_\_\_\_

Persons Authorized to pick up your child other than parents:

1. \_\_\_\_\_ Phone# \_\_\_\_\_

2. \_\_\_\_\_ Phone# \_\_\_\_\_

I Hereby Give Permission for My Son/Daughter to Walk or Ride To and From Camp Each Day:

\_\_\_\_\_ Signature

## **THIS SECTION MUST BE SIGNED BY A PARENT OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.**

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that camp directors reserve the right to dismiss a child from camp whose conduct is not in the best interest of the camp community. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I agree to the following policies regarding camp fees: No refunds will be given for canceling within 1 week of my child's camp session; No refunds are given if a camper is dismissed from camp due to disciplinary action; No refunds are given if campers leave early due to illness or personal commitments.

I hereby give my consent for the above-named child to participate in this recreation camp. By signing this form I declare myself a cosponsor of Ardrey HOA activities. I acknowledge that Blake Cunningham and Ardrey HOA are not liable for medical expenses, hospital expenses, or other charges incurred for such services as may be rendered on behalf of my/our child because of injury or sickness. I also acknowledge that my child has no physical problems that would pose a threat to his/her health.

**I (Parent/Guardian) have read and agree to all the conditions of this registration.**

**Signature of parent(s)/guardian(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 2024 Summer Camp Periods

Week of:	Amount	Max # of students	Time	Payment Details
June 24 <sup>th</sup> -28 <sup>th</sup>	\$100	30	10:30 – 2:30	\$20 deposit reserves spot,
July 22 <sup>nd</sup> – 26 <sup>th</sup>	\$100	30	10:30 – 2:30	will be applied to fee.
August 5 <sup>th</sup> – 9 <sup>th</sup>	\$100	30	10:30 – 2:30	Payment due 1 week prior.

Venmo (@sportscampwithmrc or all checks should be made out to Blake Cunningham)

\*\*\*Ardrey Residents only\*\*\*

\*\*\*Age Range of campers – Ages 5-14\*\*\*

## Information for Parents

- Please do not drop off your child any earlier than 10:20 (10:30 start). Please be prompt when picking up your child.
- Drop off your child at the Ardrey Playground/Bocce Court. Pick-up will be at the pool.
- Your child will need to bring their own bag lunch and a water bottle each day. We will have a large cooler to keep food and drinks cold.
- Please have your child dress for activity. This includes sneakers. Also have them bring their swimsuit and a towel as we will swim each day.
- Please have your child apply (and bring extra) sunscreen and hand sanitizer. Hats and sunglasses are also encouraged.
- We will make every attempt to have camp each day. If a day is cancelled for anything other than severe weather, the day will be refunded. If there is a weather cancellation it will be moved to Friday.
- With respect to both our counselors, and parents. If a camper is talked to for unsafe behavior or breaking of the community pool rules, they will be given a warning, or possible swimming privileges being removed for the remainder of that day. If it continues it could lead to no swimming for the remainder of the camp.

## Contact information

Blake Cunningham  
3086 South Legacy Park Blvd.  
Indian Land, SC 29707  
blakecunningham1@gmail.com

## Drop off or mail to:

Fred Pugh  
17732 Meadowbottom Rd.  
Charlotte, NC 28277