



SOUTHAMPTON SUMMER CAMP 2026

315-730-6212

blakecunningham1@gmail.com

3086 S. Legacy Park Blvd, Indian Land, SC 29707

www.pewithmrc.org

INFORMATION

CAMPER INFORMATION

Name:	Date of Birth: / /
Name:	Date of Birth: / /
Name:	Date of Birth: / /
Home Address:	
Parents Name:	Phone #:
Parents Name:	Phone #:
Email:	

MEDICAL INFORMATION

Does the camper have any allergies or medical conditions ? Yes No

If yes, please list: _____

(Please Initial) In the event of an injury or accident, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the physicians, surgeon, or hospital necessary for the proper health & well-being of my child. _____

PICKUP INFORMATION

Persons other than parents authorized for pickup:	Phone Number:
Persons other than parents authorized for pickup:	Phone Number:
Persons other than parents authorized for pickup:	Phone Number:

CONSENT AND AGREEMENT

(Please Initial) I hereby give permission to my child(ren) to walk themselves or ride their bike to and from camp each day. _____

- A \$20 nonrefundable deposit is required to hold camp spots. If a camp is filled and a deposit was not placed the spot is not held.
- A refund will only be given if cancelled at least two weeks prior to the camp week. Given adequate time to try and fill the spot.
- 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.
- 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 the Friday rain date.
- With respect to both our counselors and lifeguards. 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.
- Counselor positions will be given on a first come first serve basis. Every counselor is guaranteed ONE WEEK either paid or volunteer (whatever is needed). If the counselor is aged out of camp (over 14) they may have one paid week and volunteer any other hours that are needed.
- By signing this form I declare myself a cosponsor to Southampton HOA activities. I acknowledge that Blake Cunningham and Southampton 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 pose a threat to his/her health.

BRING EACH DAY

- A Towel
- A Bathing Suit
- A Swimsuit
- A Bagged Lunch

PAYMENT INFO AND DATES



PAYPAL - @blakecunningham1
Zelle - 315-730-6212

Tax ID - (33-2816707)

venmo

Desired Weeks:

Date: / /

Signature: _____