

# 2019 Southampton 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# \_\_\_\_\_

## 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. However, prorated refunds will be given if a full day's session is canceled due to weather.

I hereby give my consent for the above named child to participate in this recreation camp. I acknowledge that Jason Geiger 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 as a result 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: \_\_\_\_\_

### 2019 Summer Camp Periods

Week of:	Amount	Max # of students	Time	Payment Details
August 5 – 9	\$90/\$95* \$80/\$85* for each additional sibling	30	10:00 – 2:00	\$20 deposit reserves spot, will be applied to fee. Payment due 1 week prior.

\*Non-residents of Southampton will pay an additional \$5.  
All checks should be made out to Jason Geiger

\*\*\*Age Range of campers - Rising Kindergarten through rising 6<sup>th</sup> graders\*\*\*

## Information for Parents

- Please do not drop off your child any earlier than 9:50. Please be prompt when picking up your child.
- Drop off your child at the Southampton Clubhouse. Most activities will take place at the clubhouse. Parents will be notified if we have any special activities off of the clubhouse property (e.g. Disc golf, bike riding, etc.) 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 you 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. Hats and sunglasses are also encouraged.
- We will make every attempt to have camp each day. If we must cancel the full day of camp due to weather, the prorated amount will be refunded.

## Daily Schedule

Arrival	Let's get moving!
1 hour	Activity #1
1 hour	Activity #2
25 minutes	Lunch
10 minutes	Choose your own activity
10 minutes	Clean up, change for the pool
1 hour	Pool
Pick-up	Change, get ready to leave

\*Schedule subject to change\*

## Contact information (mailing address for checks)

Jason Geiger

10009 Whitethorn Drive

Charlotte, NC 28277

Cell # 704-453-4578

[jasongeiger1933@gmail.com](mailto:jasongeiger1933@gmail.com)