February 10, 2025

Dear Parents of Potential Camp Pee Dee Pride Campers:

Thank you for your interest in our Camp Pee Dee Pride summer camp program. The camp is now in its 28th year and over 6,000 youth have attended the camp since its inception. As you will notice on the application, the camp is for ages 8 -12 only. This year the camp is scheduled for one (1) or two (2) week sessions. Camp dates are as listed: JUNE: 16-20, JUNE 23-27 OR JUNE 16-27, JULY 7-11, JULY 14-18 OR JULY 7-18. ONLY SIGN UP FOR THE WEEK YOUR CHILD WILL BE ABLE TO ATTEND EVERY DAY!

Please note that kids that have not attended camp previously will have first choice.

Enclosed please find the camp application which is to be completed and returned before the deadline of Friday, April 18, 2025. Please make sure to include the child’s tee shirt size. Those selected to attend will be notified no later than May 02, 2025.

Camp Pee Dee Pride is wholly funded by local sponsors, donations, and fundraising events. In order to continue to provide a free camp, we need your support. Our present fundraiser is a raffle for a 2024 Mustang GT. We are only selling 500 tickets. Each ticket is $100.00. Drawing will be held on April 30, 2025 at our golf tournament fundraiser.

We are continually seeking sponsors to support our camp. If interested, please contact me or any of our Board of Directors. Should you have any questions or comments, please do not hesitate to contact me at 843 731 1387 or email at delaine@sc.rr.com.

Yours very truly,

Delaine Martin

**PERSONAL IFORMATION**

**(PLEASE PRINT IN INK)**

**AGES 8-12 ONLY! DEADLINE TO MEET AGE REQUIREMENTS IS JUNE 1, 2025**

**CAMP DATES: you have an option between a one week session or the full two weeks. Please circle only one option that your child will be able to attend everyday!**

 **JUNE 16-20, JUNE 23-27, OR JUNE 16-27**

 **JULY 7-11, JULY 14-18, OR JULY 7-18**

**CAMPER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SHIRT SIZE\_\_\_\_YOUTH\_\_\_\_\_ADULT\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_ZIP CODE: \_\_\_\_\_\_**

**CONTACT PHONE#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ALTERNATE PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGE: \_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MALE\_\_ FEMALE\_\_ GRADE LAST GRADE ATTENDED: \_\_\_\_\_\_\_\_**

**PARENT OR GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_ZIP CODE: \_\_\_\_\_\_**

**PHONE # HOME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMERGENCY CONTACT OTHER THAN PARENT OR GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY CONTACT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAS YOUR CHILD EVER ATTENDED A PREVIOUS CAMP SESSION: \_\_\_\_IF YES, WHICH SESSION: \_\_\_\_\_\_\_\_**

**MEDICAL HISTORY:**

1. **IS THE CAMPER ON ANY MEDICATION: YES\_\_\_\_\_\_\_\_\_\_ NO\_\_\_\_\_\_\_\_\_**
2. **LIST ANY MEDICATIONS THAT THE CAMPER IS REQUIRED TO TAKE WHILE ATTENDING CAMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **PLEASE LIST THE CAMPER’S DOCTOR ‘S NAME AND PHONE # ALONG WITH MEDICAL INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **LIST ANY PHYSICAL DISABILITIES OR HEALTH PROBLEMS THAT WOULD LIMIT THE CAMPER FROM PARTICIPATING IN CAMP ACTIVITIES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DEADLINE FOR SUBMISSION OF APPLICATION IS FRIDAY, APRIL 18, 2025**

**PARENT/GUARIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CAMP PEE DEE PRIDE**

**PARENTAL AGREEMENT AD RELEASE FORM**

**As the parent/guardian of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I understand and consent to the following conditions of the participating South Carolina agencies for the Youth Sponsored Summer Camp Program (Camp Pee Dee Pride)**

1. **I agree and give permission for my child or ward to ride in vehicles for transporting my child to and from camp for necessary transportation.**
2. **I agree and give permission for my child or ward to receive any emergency or routine medical attention in the event it becomes necessary.**
3. **I agree and give permission for the media to publish reports on my child’s activities at camp. I understand ad agree that media coverage may include identifying my child by name, the interviewing of my child, and the identification of my child in photographs, films, or videotape, and on social media. My permission is granted for the purpose of allowing the media to report on and therein promote positive community services provided to the children by the sponsors of Camp Pee Dee Pride.**

**I hereby further agree to hold harmless the participating South Carolina agencies, agents, and employees against any action, claim, demand, lawsuit or inequity whatsoever kind of nature, by the child, or by any person or persons acting on the child’s behalf for his or her benefit arising out of or on account of the child’s participating in the sponsored Summer Camp Program, to which I as Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I have read the agreement and release and understand its terms.**

**Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

**Space is limited and we unfortunately cannot accept everyone that applies. Perfect attendance is required to participate in field trips. If your child cannot be present for the entire session, please be kind enough to allow another child the opportunity to attend by not registering your child for that session. If you have any questions, please contact Delaine Martin at 843 731 1387 or Sarah Venable at 843 758 1424**

**APPLICATIONS CAN BE SUBMITTED BY EMAIL TO** **delaine@sc.rr.com**

**or by mail to: 1365 Jefferson Drive Apt B**

**Florence, SC 29501**