

Saxe Gotha Presbyterian Church Youth Basketball Camp



SUMMER 2018



- SGPC will have one (1) Basketball Camp this summer: **July 9-12, 2018 - 9:00 A.M. 12:00 Noon**
- Camp will be coached by Coach Bailey Harris, Lexington Wildcats Varsity Boys Head Coach and Joey Reid, Lexington Wildcats Varsity Boys Assistant Coach.
- Bailey has coached the Wildcats for over 30 years and has over 600 wins, including several region championships and two (2) state titles. Joey has been with Wildcat basketball for 16 years having been Head High School Coach and Assistant Coach at PC prior to moving to Lexington.

One 4-day Session:
July 9-12, 2018, 9:00 A.M.—12:00 Noon
Limit 48 players

Open until camp is full
\$85 PER CHILD
CHECKS PAYABLE TO JOEY REID

Campers will Receive & Experience:
*12 Hours Instruction *Healthy Snacks *Basketball
*Camp Shirt *Christian Attitudes *Positive Life Lessons

Return Application and Payment to:
Joey Reid—Mail to: SGPC Attn. BASKETBALL
5503 Sunset Blvd.—Lexington, SC 29072

Signature and ID required when children are picked up.

Basketball Session:

[] July 9—12, 2018, 9:00 A.M.- 12:00 P.M.

Are you a member of Saxe Gotha Presbyterian Church? Yes No

Name _____ Gender _____ DOB _____/_____/_____

Address _____ City/State _____ Zip _____

Parents/Guardians Name(s) _____ Mom Day # _____

Mom Evening # _____ Dad Day# _____ Dad Evening# _____

Other (C) _____ Email (1) _____ Email (2) _____

Child's Doctor _____ Doctor's Phone _____

Waiver: This is to certify that my dependent has had an adequate medical examination, and that he or she is physically fit to participate in the activities of the Youth Basketball Camp, and I will describe any special medical considerations concerning my child to the Youth Basketball Camp Staff on the first day of camp. Also, I agree that Saxe Gotha Presbyterian Church, its staff, and the camp staff shall not be held liable for any injury sustained by my child while participating in this activity.

_____/_____/_____
Printed Name of Parent or Guardian Signature of Parent or Guardian Date

Media Release: Saxe Gotha Presbyterian Church has my permission to utilize photography or video of my child participating in the Soccer Camp for promotional or media purposes related to the church.

_____/_____/_____
Printed Name of Parent or Guardian Signature of Parent or Guardian Date

Please list any allergies that your child has, and anyone with permission to pick up your child (other than a parent) on the reverse side of this registration form. Please call 359-7770, ext. 11 for more info.