

# Saxe Gotha Presbyterian Church Youth Basketball Camp

**Boys  
&  
Girls**



**SUMMER 2019**



**Ages  
6-12  
(by Sept 1)**

- SGPC will have one (1) Basketball Camp this summer: **July 8-11, 2019 - 9:00 A.M. 12:00 Noon**
- Camp will be coached by Coach Bailey Harris, Lexington Wildcats Varsity Boys Head Coach
- Bailey has coached the Wildcats for over 30 years and has over 600 wins, including several region championships and two (2) state titles.

**One Camp - 4-day Session:**  
**July 8-11, 2019, 9:00 A.M.—12:00 Noon**  
**Limit 48 players**

**Open until camp is full**  
**\$85 PER CHILD**  
**CHECKS PAYABLE TO: Bailey Harris**

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

**Mail Application and Payment to:**  
**Bailey Harris, 405 St. Claire Place,**  
**Lexington, SC 29072**

**Signature and ID required when children are picked up.**

**Basketball Session:**

**[ ] July 8—11, 2019, 9:00 A.M.- 12:00 P.M., SGPC Gym.**

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.**