

# Saxe Gotha Presbyterian Church Youth Basketball Camp

**Boys  
&  
Girls**



**SUMMER 2025**



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

**WE WILL FOLLOW CDC GUIDELINES**

- SGPC will have one (1) Basketball Camp this summer: **July 21 - July 24 9:00 AM - Noon**
- Camp will be coached by Coach Bailey Harris, former Lexington Wildcats Varsity Boys Head Coach.
- Bailey coached the Wildcats for over 30 years and won over 600 games, including several region championships and two state titles.

**One Camp - 4 Day Session**

**July 21—July 24, 2025 9:00 AM - Noon**

**Open until camp is full**

**\$100 PER CHILD**

**CHECKS PAYABLE TO: Bailey Harris**

**Campers will Receive & Experience:**

- \*12 Hours Instruction \*Healthy Snacks \*Basketball
- \*Christian Attitudes \*Positive Life Lessons

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

## **SIGNATURE AND ID REQUIRED WHEN CHILDREN ARE PICKED UP**

**BASKETBALL CAMP SESSION:**

**( ) July 21—July 24, 2025**

**9:00 AM - Noon**

**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.

\_\_\_\_\_  
**X Signature of Parent or Guardian**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

**Media Release:** Saxe Gotha Presbyterian Church has my permission to utilize photography or video of my dependent while participating in the Saxe Gotha Youth Basketball Camp for promotional purposes related to Saxe Gotha PC.

\_\_\_\_\_  
**X 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.**

**Email coachbharris63@gmail.com for more info.**