

# SIMILTON FAITH, HOPE & BASKETBALL CAMPS

Maximum enrollment is **40** participants per camp.

			<b>Fee by May 31</b> (1 Child, 2 Siblings)	<b>Fee after May 31</b> (1 Child, 2 Siblings)
June 15-19	Rising Grades 7-12	Boys & Girls	<b>\$175, \$320</b>	<b>\$195, \$360</b>
June 22-26	Rising Grades 1-6	Boys & Girls	<b>\$175, \$320</b>	<b>\$195, \$360</b>
June 29-July 3	Rising Grades 1-6	Boys & Girls	<b>\$175, \$320</b>	<b>\$195, \$360</b>

## CAMP SCHEDULE: 9:00am – 3:00pm

Basketball Camps: Students will learn and enhance fundamental basketball skills by rotating through stations daily. Station work will focus on defense, shooting, ball handling and a classroom component that focuses on developing participants' basketball IQ. Each camp day includes the following activities:

**Warm-up & Word of the Day by Coach Similton**  
**Station Work - Morning Break - Station Work**  
**Lunch**  
**Offensive/Defensive**  
**Transition Training**  
**Scrimmages (Games on final 1-2 days of camp)**

## CAMP STAFF

Camp Director, Dale Similton, has over 25 years of teaching & coaching experience Union Academy, Central Academy at Lake Park, Covenant Day School and Charlotte Latin School. In his first season at Union Academy as an assistant varsity boys coach, the team accomplished its greatest number of wins in the history of the program and advanced to the Conference Championship. At Latin, Similton served on the coaching staff of the varsity boys and girls teams during his tenure. As head coach of the 8th grade Boys Basketball team, he accumulated a record of 58-11, winning the conference three years in a row. As head coach of the Covenant Day Boys Varsity Basketball team, he led the team to its first trips to the state play-offs, with the team setting over 20 (individual and team) records during the 2007-2008 season. His Central Academy varsity boys won conference championships and their post-season tournament championships 2009-2013 and were co-conference champions in 2016, making school history. During those years, his middle school teams made it to five championship games in a row, winning three of those contests. In 2016, he was inducted into the Mars Hill University Hall of Fame. Committed to his faith, Coach Similton is passionate about helping young people grow into an understanding of God's calling on their lives. Coach Similton is assisted by a staff of adult and young adult athletes and coaches who have a heart for working with youth.

## HOW TO REGISTER

<b>Option 1</b> By MAIL	Please mail your completed forms and full camp fees to the following address: Similton Camps at 3708 Alden Street, Indian Trail, NC 28079.
<b>Option 2</b> By EMAIL &PAYPAL	Please visit <a href="https://www.dalesimilton.com/similton-camps-basketball-clinics/sign-up-camps/">https://www.dalesimilton.com/similton-camps-basketball-clinics/sign-up-camps/</a> for the steps to pay online via PayPal. You should email your completed and signed registration form to <a href="mailto:similtoncamps@aol.com">similtoncamps@aol.com</a> . Please note that no refunds are given after June 1 unless the camp(s) are canceled due to insufficient enrollment.
<b>WHAT TO BRING</b>	Bag lunch, snack, & water bottle (optional). Please wear comfortable clothing and tennis shoes. All campers will receive a Camp T-shirt on the last day of camp. All Camps will be held in the Central Academy at Lake Park's gymnasium.
<i>For more information: <a href="mailto:similtoncamps@aol.com">similtoncamps@aol.com</a> or Dale Similton at (704) 858-2531</i>	

**Please retain this sheet for your information.**  
**Send the following application page with your registration fee.**

# SIMILTON FAITH, HOPE & LOVE BASKETBALL CAMPS 2020 REGISTRATION FORM



Registration Fee(s):  
(1 Child, 2 Siblings)  
**BY MAY 31: \$175, \$320**  
**AFTER MAY 31: \$195, \$360**

No Refunds After  
**JUNE 1**  
Unless camp(s) are canceled due to  
Insufficient enrollment.

## STUDENT INFORMATION

**CHILD #1** Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Present School: \_\_\_\_\_  
Rising Grade Level: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL AS AM AL AXL AXXL SEX: M F

**CHILD #2** Name: \_\_\_\_\_ AGE: \_\_\_\_\_  
Present School: \_\_\_\_\_  
Rising Grade Level: \_\_\_\_\_ T-Shirt Size: YS YM YL YXL AS AM AL AXL AXXL SEX: M F

## PARENT INFORMATION

**PARENT/GUARDIAN** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
Email Address \_\_\_\_\_

**PARENT/GUARDIAN** Name: \_\_\_\_\_  
Phone: HOME \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_  
Email Address \_\_\_\_\_

## MEDICAL / EMERGENCY INFORMATION (Indicate which child, if more than one):

ALLERGIES: \_\_\_\_\_  
PHYSICAL LIMITATIONS / MEDICAL CONDITIONS: \_\_\_\_\_  
Emergency Contact:  
**#1** Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
**#2** Name: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Physician Name: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

## SIMILTON FAITH, HOPE & LOVE CAMPS SUMMER PROGRAM AGREEMENT

I authorize Similton Faith, Hope & Love Camps to contact the persons named above and to authorize the named physician to render such treatment to my child/children as deemed necessary in an emergency if I am unable to be reached. In the event parents, physician, or other above named contacts cannot be reached, school officials are authorized to take whatever action is deemed necessary. I assume full financial responsibility for emergency medical care for my camp participant(s) while enrolled in Similton Faith, Hope & Love Camps Summer Programs at Central Academy at Lake Park and.

Further, this signed statement certifies that my child/children is/are medically cleared to participate in the Similton Faith, Hope & Love Camps Summer Programs and to participate in all activities as described in the camp brochure while he/she/they is/are enrolled in camp. I also give my child/children permission to travel via approved camp transportation if required, as outlined in the camp brochure, for the camps in which he/she/they is/are enrolled.

My child/children and I agree to adhere to all of the Summer Program rules and guidelines set forth by Similton Faith, Hope & Love Camps. Our family understands that failure to adhere to these rules and guidelines is grounds for dismissal from Summer Programs, without refund of fees. I understand that any property damage caused by my child while participating in Similton Faith, Hope & Love Camp programs may cause me/us to be billed for additional fees.

I also agree to allow Similton Faith, Hope & Love Camps to take photographs of my child/children during Similton Faith, Hope & Love Camps Summer Programs. I further agree to allow the Camp to use my child's image in various mediums including, but not limited to, printed materials and the Camp's hosting web sites. At no time, in any of these mediums, will my child's name be revealed or identified.

Finally, this agreement is to indicate that I release, hold blameless, and exonerate Similton Faith, Hope & Love Camps and its hosting facility from any liability that may occur from the use of transportation provided by Similton Faith, Hope & Love Camps Summer Program.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PAYMENT

**Full payment must accompany this registration form.** Camp is subject to minimum enrollment. Please note that there are no refunds after June 1 unless camp(s) are cancelled due to insufficient enrollment; this policy applies to all forms of payment.

**Please check each week for which you are registering a child.**

			Child 1	Child 2	Total Fee
June 15-19	Basketball	(Rising 7 <sup>th</sup> – 12 <sup>th</sup> )	_____	_____	\$_____
June 22-26	Basketball	(Rising 1 <sup>st</sup> - 6 <sup>th</sup> )	_____	_____	\$_____
June 29–July 3	Basketball	(Rising 1 <sup>st</sup> - 6 <sup>th</sup> )	_____	_____	\$_____

**Make checks payable to Dale Similton.**

**Amount Due for all Campers \$ \_\_\_\_\_**

**PAYMENT METHODS** (Please check one) For more information, please visit [DaleSimilton.com/camps](http://DaleSimilton.com/camps)

**MAIL.** Mail your form and fee to: Dale Similton, 3708 Alden Street, Indian Trail, NC 28079.

**EMAIL/PAYPAL** Please visit <https://www.dalesimilton.com/similton-camps-basketball-clinics/sign-up-camps/> for the steps to pay via PayPal. Email your completed and signed registration form to [similtoncamps@aol.com](mailto:similtoncamps@aol.com). Please note that no refunds are given after June 1.

### FOR OFFICE USE ONLY:

Date Received:

Form of Payment:

Amount Paid: