

**SCBA Baseball Skills Camp**  
**Presented by:**



**When: Friday July 20**  
**Youth Ages: 8 – 12**

**Saturday July 21**  
**Advanced Ages: 13-18**

**Where: SC Baseball Academy**  
**2656 Augusta HWY**  
**Lexington, SC 29072**

**Time: Hitting/Defense 9:00-12:00**  
**Pitcher/Catcher 2:00-4:00**

**Includes: Lunch**  
**T-Shirt**  
**FCA Bible**  
**Guest Speakers**  
**Water Bottle**

**Instruction details:**  
**Throwing/Catching**  
**Pitching**  
**Hitting**  
**Fielding**

**\*Campers Gear: Cleats AND Tennis shoes, pants, gloves, bats, helmets.**

**For more information contact: 803-785-7222 or [scbaseballacademy17@gmail.com](mailto:scbaseballacademy17@gmail.com)**

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**Get your forms in early, space is limited.**

# SCBA Baseball Skills Camp Registration Form



Return form and payment to:

SCBA  
851 HWY 378  
Suite 100 #210  
Lexington, SC 29072

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Circle One: Skills Camp \$75.00 Pitcher/Catcher \$50.00 Combo \$110.00

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size: Youth M Youth L Adult S Adult M Adult L Adult XL

This is to certify that my child has had an adequate medical exam and is physically fit to participate in the activities of this camp. I authorize the SCBA and **Combat Baseball** staff to act for me, according to their best judgements in any medical emergency. I will not hold SCBA or **Combat Baseball** liable for injuries or illness incurred while my child was attending camp.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Must have a signed waiver on file.\***