

SLIPPERY ROCK
2021
 BAPTIST CAMP

LET IT GO.

Let all bitterness, and wrath, and anger,
 and clamour, and evil speaking,

BE PUT AWAY FROM YOU, with all malice: [Eph. 4:31]



YOU'RE INVITED!

Join us for a week or even a day during the work weeks to help prepare the grounds for God to move in hearts!

SAVE the DATE

April 23-24 – Spring Retreat
 April 30-May1 – Men's Retreat
 June 7-11 – Work Week I
 June 14-18 – Work Week II
 June 14-18 – Staff Training
 *Apply on our FB page!
 June 28-July 3 – Family Camp
 June 28-July 2 – Primary Day Camp
 June 30 – Fireworks Night!

July 5-10 – Sr. High Camp
 July 12-17 – Junior Camp
 July 19-24 – Jr. High Camp
 Sept. 3-4 – Ladies' Retreat
 Sept. 10-11 – Men's Retreat
 Sept. 17-18 – Youth Retreat
 Oct. 3 – Music Festival
 Oct. 12 – Senior Saints
 Fall Color Tour



General Information

REGISTRATION: Monday 11am (Lunch included)

DEPARTURE: Saturday 10am (Breakfast included)

WHAT TO BRING: Bible, notebook, pen, pillow, sleeping bag or bedding, insect repellent, all necessary toiletries, towels, swim towels, swimwear, sneakers, water/creek shoes & clothes, jacket, spending money

WHAT NOT TO BRING: iPods, laptops, gaming devices, radios, magazines, illegal drugs, any type of firearm or weapon, cigarettes, tobacco products, alcohol, firecrackers, non-prescription drugs

DRESS CODE: For boys, boxer type swim trunks/shorts. For girls, modest one-piece or tankini top swimsuits. During water games, boys must wear t-shirts as well and ladies must wear t-shirts and shorts over swimsuits. Normal clothes: shorts must be 2" or less above the knee. Shirt straps must be approx. 5" thick.

PRIMARY DAY CAMP: This is a very special week at SRBC. We invite you to bring a whole busload of children from your church and community for Bible time, music, snacks, crafts, playtime, swimming, and quality childhood activities! **Primary Day Campers should bring a change of clothes, swimsuit and towel, shoes, and money for the snack shop.**

HEALTH & SAFETY: We are committed to providing a safe and enjoyable camping experience for all of your campers. A full-time registered nurse is available 24 hours a day. A certified lifeguard (or a certified water search and rescue person) will be present during all swimming and creek activities. Our health center is supplied with OTC medications. Please do not send any OTC medications with your campers. Prescription medications may be sent with instructions for the nurse to administer at regular dosage times.

EXTRA CAMP COSTS: Snack Shop, Camp Store, Cafe, Mocha Motion, Craft Hut, and Paintball.

Paintball: \$10 to play (rental included), \$4 per 100 paintballs.

SOUVENIRS: Each camper (Not Primary Day Campers) will receive a camp t-shirt. Various Camp Store items and Craft Hut projects serve as great souvenirs!



SLIPPERY ROCK BAPTIST CAMP IS TRULY AN INVESTMENT OF THE GREATEST KIND. MEN, WOMEN, BOYS, AND GIRLS OF ALL AGES WILL LEARN, GROW, AND FLOURISH UNDER THE ATMOSPHERE OF GODLY TEACHING AND CHRIST-CENTERED FUN!



FAMILY CAMP:

Tent: \$325.00 – **RV w/ Hookups:** \$350.00

Cabin: Each Adult \$150.00

Child (Age 5-17) \$90.00

Ex.: Father+Mother+1 Child=\$390.00

Max. Price: \$475.00 (Sleeps up to 10 people)

All prices include all meals for the week

OVER NIGHT CAMPS:

[Sr. High, Junior, Jr. High]

Full Price: \$230.00

Before May 1st: \$210.00

Before June 1st: \$220.00

PRIMARY DAY CAMP:

Whole Week: \$55.00

Lunch is provided each day!

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REGISTRATION:

Name _____ Week _____

M ___ F ___ Age _____ DOB _____ / _____ / _____ Grade for Fall 2021 _____

Address _____

City _____ State _____ ZIP _____

Parent(s) _____

Phone _____ - _____ - _____ Email _____

Church _____ Pastor _____

Church Phone _____ - _____ - _____ Church City _____ Church Zip _____

*Cabin Mate Request _____

Please check all weeks that apply:

- Family Camp – See week info for pricing
- Primary Day Camp (1st-3rd grades) – \$55
- Sr. High Camp (9th-12th grades) – \$230
- Junior Camp (4th-6th grades) – \$230
- Jr. High (7th-9th grades) – \$230

**Please include entire registration fee (\$55) for overnight camps.
Registration fee is deducted from camp price when balance is due. No refund on registration fee.

Add a 2nd week of camp for \$100!

No discounts for day camps.

For Office Use Only

- \$20 off early registration (Postmark by May 1, 2021)
- \$10 off early registration (Postmark by June 1, 2021)
- No early registration
- Photo Permission

HEALTH HISTORY:



Name _____ Week _____

M ___ F ___ Age _____ DOB _____ / _____ / _____ Grade for Fall 202 _____

Address _____

City _____ State _____ ZIP _____

EMERGENCY CONTACT: _____ PHONE _____ - _____ - _____

Father: _____ Cell / Work (please circle) _____ - _____ - _____

Mother: _____ Cell / Work (please circle) _____ - _____ - _____

Insurance Carrier: _____

Policy Holder: _____

Policy# _____ Insurance Phone# _____ - _____ - _____

Name(s) of individual who may make decisions on your behalf in case of an emergency if parent/
guardian is unavailable: _____

Relationship: _____ Phone# _____ - _____ - _____

Check if the camper has any:

- | | | |
|-------------------------------------|-----------------------------------------|----------------------------------------------|
| <input type="checkbox"/> ADD | <input type="checkbox"/> Asthma | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Ear Problems | <input type="checkbox"/> Seizures |
| | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Bee Sting Allergies |
| | <input type="checkbox"/> Depression | |

SLIPPERY ROCK BAPTIST CAMP WAIVER:

A PARENT OR LEGAL GUARDIAN MUST SIGN THE FOLLOWING PERMIT:

To the best of my knowledge, this Health History and Registration information is accurate. I am in favor of and grant permission for the child on this form to attend Slippery Rock Baptist Camp and to participate in all camp activities unless otherwise specified. As a parent or legal guardian, I accept the conditions stated, including the release of Slippery Rock Baptist Camp from liability in the case of injury or illness.

I hereby grant permission to the hospital and the medical personnel selected by the director of SRBC, or his designate, to order treatment for my child in the event that I cannot be reached by the Director or his designate. I grant permission for the director of SRBC, or his designate, to render whatever emergency treatment may be judged necessary, to hospitalize, and secure proper treatment for the child named on this application. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes:

Name: _____ Relationship: _____

Signature: _____ Date: _____

I give permission for any pictures and personal quotes of the child on this form to be used for promoting the camp program through brochures, newsletters, website, and other publicity tools at SRBC.

Name: _____ Relationship: _____

Signature: _____ Date: _____

HEALTH HISTORY (Cont.) :

Allergies (List): _____

Dietary Restrictions (List): _____

Food Allergies? ___ Y ___ N Allergic Reaction is ___ Mild ___ Moderate ___ Severe

Describe Allergic Reactions: _____

List any medications currently being taken. All medication except inhalers and EpiPen's, are to be given to the nurse at registration. _____

I (as the parent/guardian) authorize the camp nurse to give the following stock medications to my camper if needed (Check all that apply)

<input type="checkbox"/> Advil	<input type="checkbox"/> Benadryl	<input type="checkbox"/> Tums	<input type="checkbox"/> Milk of Magnesia
<input type="checkbox"/> Tylenol	<input type="checkbox"/> Zyrtec	<input type="checkbox"/> Pepto-Bismol	<input type="checkbox"/> Robitussin

Does the camper have any physical restriction that would limit participation in camp activities?

___ Y ___ N Explain: _____

Give the dates of this camper's latest immunizations:

_____ Polio	_____ Mumps	_____ Physical Exam
_____ Diphtheria	_____ Rubella	_____ Tetanus
		_____ Chicken Pox

Family Physician: _____ Phone#: _____ - _____ - _____

