

REGISTRATION FORM

NAME _____ M _____ F _____

AGE _____ DOB ____/____/____

GRADE FOR FALL 2021 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT(S) _____

PHONE _____ EMAIL _____

CHURCH _____ PASTOR _____

☐ **Primary Day Camp 1st-3rd grade \$55**

☐ **Basketball Camp 4th-12th grade \$55**

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 _____

YOU DON'T WANT TO MISS THIS

130 Elliott Lane

Slippery Rock, Pa 16057

secretary@slipperyrockbaptistcamp.org

What to bring to day camp

*change of clothes

*swimsuit: girls- modest 1 piece/tankini

boys- boxer type trunks

*towel

*tennis shoes

*water bottle

*money for snack shop



Slippery Rock Baptist Day Camps Summer 2022

PRIMARY DAY CAMP BASKETBALL CAMP

Happening at camp on:
July 4th- July 8th
Monday- 11-2
Tues-Thurs 10-2
Friday 10-1:30

PRIMARY DAY CAMP

Join us for a great time at camp. Day camp is designed to give kids a taste of what camp life is all about. Designed for 1st thru 3rd graders. We will have Bible time, music, snacks, crafts, playtime, swimming, and quality childhood activities. Lunch will be provided each day.



BASKETBALL SKILLS CAMP

Practice your skills and learn some new ones. This camp is designed for 4th-12th grade boys and girls. We will focus on dribbling, passing, shooting and SCORING! It will be held during the same hours of day camp. A time of swimming to cool off each day and lunch will be provided



Health History

Name _____ Camp _____
M ___ F ___ Age _____ DOB ___/___/___
Emergency contact _____
Phone _____ - _____ - _____

Father _____ Cell/work _____ - _____ - _____
Mother _____ Cell/work _____ - _____ - _____
Insurance Carrier: _____
Policy # _____ Holder _____
Insurance Phone _____ - _____ - _____

Names of Individual who may make decisions on your behalf in case of an emergency if parent is unavailable _____
relationship _____ phone _____ - _____ - _____

Check if camper has any: ___ADD ___Ashtma
___Anxiety ___Headaches ___Sleep Walking
___Diabetes ___Heart Problems ___Bee Sting
___Nightmares ___Ear Problems ___Seizures
___Depression ___Allergies

Allergies (List): _____

Dietary Restrictions: _____

Food Allergies? ___Y ___N

Reaction ___Mild ___Moderate ___Severe

Describe Reaction _____

List of meds currently taken _____

I (parent/guardian) authorize the camp nurse to give the following medications to my camper if needed:

___Advil ___Benadryl ___Tums ___Milk of Mag
___Tylenol ___Zyrtec ___Pepto-Bismol ___Robitussin
Any physical restrictions? _____

Family Physician: _____

Phone # _____ - _____ - _____