

# REGISTRATION

Name: \_\_\_\_\_ M / F

DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Grade for Fall of 2026 \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent(s) \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

Church \_\_\_\_\_

Pastor \_\_\_\_\_

\_\_\_ Primary Day Camp—grades 1-3—\$100

\_\_\_ Basketball Skills Camp—grades 4-12—\$100

### 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 registration. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Check if you **DO NOT ALLOW PHOTOS** of the child on this form for brochures, website or promo materials at SRBC.



## DON'T MISS IT!

# June 29 - July 3

### Day Camps Schedule:

Monday - 11 am-2 pm

Tues-Fri - 10 am-2 pm

### 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

*Lunch is provided each day.*



## Summer 2026

# SRBC Day Camps

Primary Day Camp  
Basketball Day Camp

Slippery Rock Baptist Camp  
130 Elliott Lane, Slippery Rock, PA 16057  
724.530.7411 (call/text)  
secretary@slipperyrockbaptistcamp.org



# PRIMARY DAY CAMP

Join us for a special 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, games, swimming and quality childhood activities.

Kids will have a chance each day to stop by the snack shop, so be sure to send a dollar or two with them for a special treat!

**Lunch is provided each day.**

(make sure any dietary restrictions are noted on registration form)



# BASKETBALL SKILLS DAY CAMPS

Practice your skills and learn some new ones. This camp is designed for 4th—12 grade boys and girls. Basketball camp will focus on dribbling, passing, shooting and SCORING!



Basketball camp will be held during the same hours of day camp with a time of swimming to cool off each day.

Snack shop & craft hut will be open and lunch is provided each day!

# Health History

Name: \_\_\_\_\_ Camp \_\_\_\_\_

M \_\_\_ F \_\_\_ DOB: \_\_/\_\_/\_\_\_\_ Age: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_

Father: phone \_\_\_\_\_ - \_\_\_\_\_

Mother: phone \_\_\_\_\_ - \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy # \_\_\_\_\_ Holder: \_\_\_\_\_

Insurance Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of individual who may make decisions on your behalf in case of emergency if parent is unavailable \_\_\_\_\_

Relationship \_\_\_\_\_ phone \_\_\_\_\_

Check if camper has any:  ADD  Asthma  
 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 # \_\_\_\_\_