

REGISTRATION

Name: _____ M / F

DOB: ___/___/___ Age: _____

Grade for Fall of 2024 _____

Address: _____

City _____ State _____ Zip _____

Parent(s) _____

Phone _____ - _____ - _____

E-Mail _____

Church _____

Pastor _____

___ Primary Day Camp—grades 1-3—\$75

___ Basketball Skills Camp—grades 4-12—\$75

___ Soccer Skills Camp—grades 4-12—\$75

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!

July 1st to 5th

Day Camps Schedule:

Monday - 11 am-2 pm

Tues-Thurs - 10 am-2 pm

Friday - 10 am-1:30 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.



SRBC Day Camps

Summer 2024

Primary Day Camp

Basketball Skills Day Camp

Soccer Skills Day Camp

Slippery Rock Baptist Camp

130 Elliott Lane, Slippery Rock, PA 16057

724.530.7411 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.

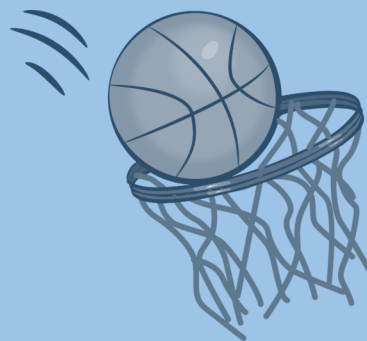
(make sure any dietary restrictions are noted on registration form)



BASKETBALL & SOCCER SKILLS DAY CAMPS

Practice your skills and learn some new ones. This camp is designed for 4th—12 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 too!



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:

__Aduil __Benadryl __Tums __Milk of Mag
 __Tylenol __Zyrtec __Pepto-Bismol __Robitussin

Any physical restrictions? _____

Family Physician: _____

Phone # _____