


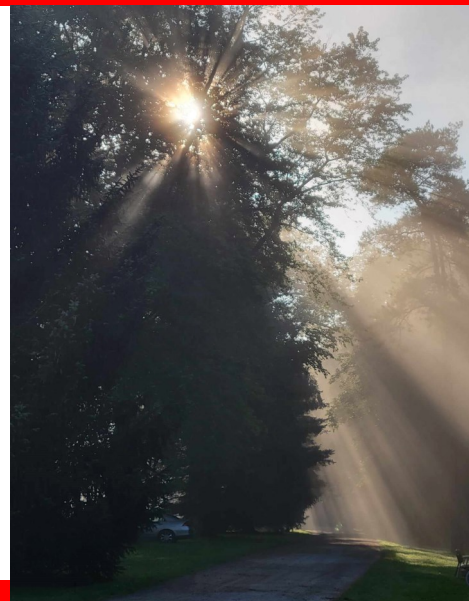
SLIPPERY.ROCK.BAPTIST.CAMP

the 

BATTLE

belongs to the Lord ~ Prov. 21:31

2024



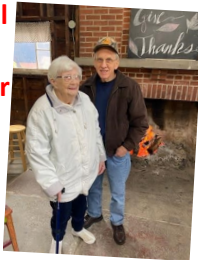
RETREATS & FESTIVALS

- May 3 & 4—Spring Youth Retreat
- September 8-9—Fall Ladies Retreat
- September 15-16—Fall Youth Retreat
- September 29-30—Fall Men's Retreat
- October 15—Music Festival
- October 17—Senior Saints
- Fall Color Tour

Retreat registration forms online 2 months before Scheduled weekend.

Look under Events Tab!

www.slipperyrockbaptistcamp.org

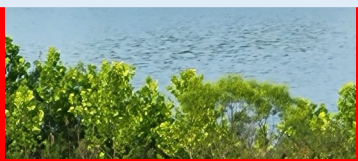


WORK WEEKS

- June 3-7—Work Week I
- June 17-21—Work Week II

Many hands make light work! Come yourself or gather a group to help!

Come for a day or two or the whole week! Outside work, building, cleaning and more!



2024 CAMP ACTIVITIES

Contact camp at 724.530.7411 or email camp June 24-26—Staff Training-email: secretary@slipperyrockbaptistcamp.org for application

- July 1-6—Family Camp
- July 1-5—Primary Day (Grades 1-3)
- Basketball & Soccer Skills Day Camp (Grades 4-12)
- July 3—Fireworks Night—All Invited!
- July 8-13—Senior High Camp
- July 15-20—Junior Camp
- July 22-27—Junior High Camp



Overnight campers receive a camp t-shirt—Day Campers may purchase one for \$7.00

SRBC is an eternal investment of the greatest kind!

People of all ages come to learn, grow and thrive under the atmosphere of

secretary@slipperyrockbaptistcamp.org

www.slipperyrockbaptistcamp.org

Mail completed registration form to: SRBC, 130 Elliott Lane, Slippery Rock, PA 16057

Phone: 724.530.7411

General Information



REGISTRATION: Monday 11 am (lunch included)
DEPARTURE: Saturday 10 am (breakfast included)

WHAT TO BRING: Bible, notebook, pen, pillow, sleeping bag or bedding, sunscreen, bug spray, all necessary toiletries, towels, swim towels, swimwear, sneakers, jacket, water/creek shoes & clothes, spending money for snack shop, café, crafts & paintball

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

DRESS CODE: jeans or shorts (must be 2" or less above the knee) "fingertip length". Graphic t-shirts may be worn, however, designs should be appropriate and not offensive or "off-color". Tank tops may be worn with straps approx. 5" wide. (no spaghetti strap tops please)

SWIMMING: For boys: boxer-type swim trunks/shorts. For girls: modest, one-piece or tankini top swimsuits. During water games, t-shirts must be worn by both boys and girls (over swimsuits).

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 will be present during all swimming activities. Our health center is supplied with OTC medications. Please do not send any OTC medications with your campers. Please send a **signed & completed Medication Authorization Form** with prescription medications (in original pharmacy container). This will be kept with the nurse to administer medications at regular dosage times.

EXTRA CAMP COSTS: Snack Shop, Camp Store, Café, Mocha Motion, Craft Hut and Paintball.
Paintball: \$10 to play (rental included), \$4 per 100 paintballs

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 & towel, shoes and money for the snack shop.**

Pricing

FAMILY CAMP:

Tent: \$360—RV w/ Hookups: \$380

Cabin (sleeps up to 10): Each adult - \$180

Child (Ages 5-17) - \$100.00

*Ex: Father + Mother

+ 1 Child = \$460.00

Maximum Price \$550

****Prices include all meals for the week****



OVER-NIGHT CAMPS:

[Sr. High, Junior, Jr. High]

Full Price: \$260.00

Postmarked by May 1st: \$240.00

Postmarked by June 1st: \$250.00

****NO early pay discounts on any Day Camps****

FORMS OF PAYMENT:

SRBC accepts cash and checks.
(\$20 returned check fee)

**PRIMARY DAY CAMP: (Lunch provided each day)
Week (Mon-Fri): \$75.00 (\$15/day)**



REGISTRATION:

Name: _____ Week/Dates: _____

M ___ F ___ Age _____ DOB ___ / ___ / ___ Grade for Fall 2024 _____

Address _____

City _____ State _____ Zip Code _____

Parent(s) _____

Phone _____ Email _____

Church _____ Pastor _____

Church address/city/zip _____

Church phone & email (if known) _____

*Cabin Mate Request _____

Please check all weeks that apply:

Add a 2nd week of camp for \$100

___ Family Camp—see pricing elsewhere in brochure (No 2nd week discount for family or day camps)

___ Day Camps (Primary-1-3rd grades, BBall & Soccer-4-12th grades) - \$75 (\$15/day)

___ Sr. High Camp (9th-12th grades) - \$260

___ Junior Camp (4th-6th grades) - \$260

___ Jr. High Camp (7th-9th grades) - \$260

**Please include registration fee (\$50) for overnight camps. Registration fee is deducted from camp price when balance is due. No refund on registration fee.

For Office Use only *postmarked by:*
___ \$20 off early registration (May 1, 2024)
___ \$10 off early registration (June 2, 2024)
NO early registration discounts on Day Camps

HEALTH HISTORY:

Continued on back 

Name: _____ Week/Dates: _____

M ___ F ___ Age _____ DOB ___ / ___ / ___ Grade for Fall 2024 _____

Address _____

City _____ State _____ Zip Code _____

EMERGENCY CONTACT _____ **PHONE** _____ - _____ - _____

Father: _____ Cell / Work (please circle) _____

Mother: _____ Cell / Work (please circle) _____

Insurance Carrier: _____

Policy Holder: _____ Insurance Phone # _____

Policy # _____ Group # (if any) _____

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

Relationship: _____ Phone # _____

Check if the camper has any:

- | | | |
|---------------|--------------------|-------------------|
| ___ ADD | ___ Allergies | ___ Anxiety |
| ___ Asthma | ___ Bee Stings | ___ Depression |
| ___ Headaches | ___ Heart Problems | ___ Nightmares |
| | ___ Seizures | ___ Sleep Walking |

Campers are encouraged to stay the entire week of camp except for sickness or emergencies. SRBC reserves the right to set standards of conduct for all campers. Those who violate these standards may be subject to immediate dismissal at parent's expense. **Please pay attention to dress code standards** when packing your child for camp. Talk to your child about the proper use of their cell phone. **No cell phone use during all chapels.**

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 permissions 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: _____

_____ Check if you **DO NOT ALLOW PHOTOS** of your child for our brochures, website or promo materials

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 taking. All medications, except inhalers and EpiPens, are to be given to the nurse at registration: _____

All prescription medication must be given in the original pharmacy container including the label listing name, dosage and times to be administered. Separate prescription form to be filled out by a parent. Please see camp nurse or camp secretary for form. **FORM AVAILABLE ON WEBSITE UNDER REGISTRATION**

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

Advil	Benadryl	Imodium	Milk of Magnesia	Zyrtec
Pepto-Bismol (age 12 & older)		Robitussin	Tums	Tylenol

Does camper have any physical restrictions that would limit participation in camp activities? ____ Y ____ N

Explain: _____

Give the dates of this camper's latest immunizations: _____ Polio _____ Mumps
_____ Tetanus _____ Diphtheria _____ Rubella _____ Chicken Pox

Date of last physical exam: _____

Family Physician _____ Phone # _____