REGISTRATION

KEGBIKAHON	
Name: M / DOB:/_/_ Age:	F
DOB: / / Age:	
Grade for Fall of 2025	
Address:StateZip	
CityStateZip	
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 To the best of my knowledge, this Health History Registration information is accurate. I am in favor grant permission for the child on this form to at Slippery Rock Baptist Camp and to participate in a activities unless otherwise specified. As a parent of guardian, I accept the conditions stated, includin release of Slippery Rock Baptist Camp from liabilit case of injury or illness. I hereby grant permission hospital and the medical personnel selected by director of SRBC, or his designate, to order treatm my child in the event that I cannot be reached by director or his designate. I grant permission for director of SRBC, or his designate, to render what emergency treatment may be judged necessary hospitalize, and secure proper treatment for the named on this registration. I agree to the release of records necessary for treatment, referral, billing insurance purposes:	permity and of ance tend ll campor legal the to the the ent for y the the the the the country, to child of any
NameRelationship_	
SignatureDate	
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 30 - July 4

Day Camps Schedule:

Monday - 11am-2 pm

Tues-Fri - 10 am-2 pm

What to bring to day camp:

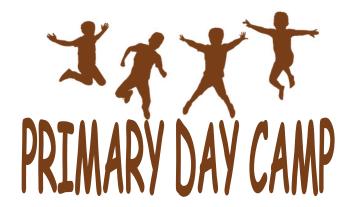
*change of clothes
*swimsuit: girls-modest 1 piece/tankini
boys-boxer type trunks
*towel
*tennis shoes
*water bottle
*money for snack shop

Lunch is provided each day.



Primary Day Camp Basketball & Sports Skills Day Camps

Slippery Rock Baptist Camp 130 Elliott Lane, Slippery Rock, PA 16057 724.530.7411 secretary@slipperyrockbaptistcamp.org



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 & SPORTS 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!

Other sports are being planned, so stay tuned!

Sports camps will be held during the same hours of day camp.

A time of swimming to cool off each day.

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

Health History

Emergency Contact Phone Father: 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 #	Name:Camp	
Phone	M F DOB: / / Age	2:
Father: phone	Emergency Contact	
Mother: phone	Phone <u> </u>	
Insurance Carrier: Policy # Holder: Insurance Phone	Father: phone	
Insurance Phone	Mother: phone	
Insurance Phone	Insurance Carrier:	
Name of individual who may make decisions on your behalf in case of emergency if parent is unavailable	Policy # Holder:	
on your behalf in case of emergency if parent is unavailable	Insurance Phone	
Relationship phone Check if camper has any:ADDAsthmaAnxietyHeadachesSleep WalkingDiabetesHeart ProblemsBee StingNightmaresEar ProblemsSeizuresDepressionAllergies Allergies (list):	Name of individual who may make decis	sions
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	Any physical restrictions?	
Phone #	Family Physician:	
	Phone #	