

slippery rock baptist camp

be complete
II Timothy 3:17
be complete
SRBC - 2026

SRBC is an eternal investment of the greatest kind! People of all ages come to learn, grow and thrive under the atmosphere

slipperyrockbaptistcamp.org
secretary@slipperyrockbaptistcamp.org



RETREATS & EVENTS

- April 24 & 25—Spring Youth Retreat
 - July 1—Fireworks—all invited!
 - September 11 & 12—Fall Men's Retreat
 - September 18 & 19—Fall Ladies Retreat
 - September 25 & 26—Fall Youth Retreat
 - October 4—Music Festival
 - October 13—Senior Saints
 - Fall Color Tour
- Retreat registration forms online under Events Tab!

www.slipperyrockbaptistcamp.org



2026 CAMP ACTIVITIES

- Call/Text Camp office at 724.530.7411
- June 24—26—Staff Training
- Email for application: secretary@slipperyrockbaptistcamp.org
- June 29 - July 4—Family Camp
- June 29 - July 4—Primary Day (Grades 1-3),
- June 29 - July 4—Basketball (Sports)
- Day Camps (Grades 4-12)
- July 1—Fireworks Night—All Invited!
- July 6 - 11—Senior High Camp
- July 13 - 18—Junior Camp
- July 20 - 25—Junior High Camp

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

WORK WEEKS: June 8-12—Work Week I June 22-26—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! Can't come during the week? Call office or Pastor Dave to arrange time for you & your group to come!

Dear Parents—for the purpose of helping your kids to have a true “camp” experience as well as keep them safe from inappropriate content, we have adopted a no cell phone policy at SRBC. Campers will be asked to place their phones or other technology devices into a safe box provided for each cabin. Staff will always be available with phones in case of emergency.

Mail completed registration form to: SRBC, 130 Elliott Lane, Slippery Rock, PA 16057
Questions? Call/Text office at 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, toiletries, towels, swim towels, swimwear, sneakers, jacket, water/creek shoes & clothes, spending money for snack shop, café, camp store, crafts & paintball.

WHAT NOT TO BRING: iPods, laptops, gaming devices, radios, magazines, illegal drugs, any type of firearms/weapons, cigarettes, tobacco products, alcohol, firecrackers, and non-prescription drugs (see cell phone policy on Page 1)

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. 2-4" 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), \$5 per 100 paintballs

PRIMARY & SPORTS DAY CAMPS: 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. Sports camps will teach skills and have devotional times.

Day Campers should bring a change of clothes, swimsuit & towel, shoes & snack shop money. *Primary Day & Sports camps run Monday 11am to 2pm and Tues-Fri 10am to 2pm**



Pricing

FAMILY CAMP: (registration form online)

Tent: \$360—RV w/

Hookups: \$390

Cabin (sleeps up to 10):

Each adult (18+) - \$190

Child (Ages 5-17) -

\$100.00 each

*Ex: Father + Mother

+ 1 Child = \$480.00

Maximum Price \$600.00



OVERNIGHT CAMPS:

[Sr. High, Junior, Jr. High]

Full Price: \$280.00

Postmarked by May 1st: \$260.00

Postmarked by June 1st: \$270.00

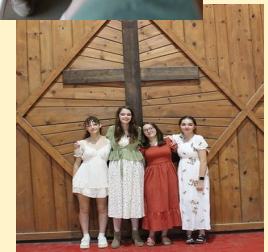
****NO early pay discounts on
any Day Camps****

PRIMARY DAY CAMP:

Lunch provided daily

(Mon-Fri): \$100.00 (\$20/day)

SRBC accepts **CASH & CHECKS**
(\$20 NSF fee)



****Prices include all meals, activities and Bible teaching sessions for entire week**

****Additional costs are snack shop, camp store and café**

REGISTRATION:

Name: _____ Circle Week: **Sr High** **Junior** **Jr High**
 M ____ F ____ Age _____ DOB ____ / ____ / ____ Grade for Fall 2026 _____
 Address _____
 City _____ State _____ Zip Code _____
 Parent(s) _____
 Cell Phone _____ **Prefer text confirmation? Check here**
 Email: **registration confirmation will be emailed:** _____
 Church (name/city/state) _____ Pastor _____
 *Cabin Mate Request _____ first time @ SRBC?

Please check all weeks that apply: **Add a 2nd week of camp for \$125**
 _____ Family Camp—see pricing on page 2 (No 2nd week discount for family or day camps)
 _____ Day Camps (Primary-1-3rd grades, Sports-4-12th grades) - \$100/week (\$20/day)
 _____ Sr. High Camp (9th-12th grades) - \$280
 _____ Junior Camp (4th-6th grades) - \$280
 _____ Jr. High Camp (7th-9th grades) - \$280
 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, 2026)
 _____ \$10 off early registration (June 1, 2026)

Circle T-Shirt size: Youth: S M L XL Adult: S M L XL 2XL 3XL

HEALTH HISTORY: (for nurse/office use only)



Name: _____ Circle Week: **Sr High** **Junior** **Jr High**
 M ____ F ____ Age _____ DOB ____ / ____ / ____ Grade for Fall 2026 _____
 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 camper has any: _____ ADD _____ Allergies _____ Anxiety
 _____ Asthma _____ Bee Stings _____ Depression _____ Diabetes _____ Ear Problems
 _____ Headaches _____ Heart Problems _____ Nightmares _____ Seizures _____ Sleep Walking

Campers are encouraged to stay 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 on page 2 when packing your child for camp.***



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.): (for nurse/office use only)

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
Robitussin	Tums	Tylenol	Zyrtec

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

Explain: _____

Is camper up to date on all immunizations? _____ Yes _____ N/A

Family Physician _____ Phone # _____