

SLIPPERY.ROCK.BAPTIST.CAMP

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MADE TO Worship

John 4:23-24

2023 CAMP ACTIVITIES

Contact: secretary@slipperyrockbaptistcamp.org or call 724.712.9215 for more info or with any questions

June 5-9—Work Week I

June 12-16—Work Week II

June 26-28—Staff Training (form online or email secretary@slipperyrockbaptistcamp.org)

July 3-8—Family Camp

July 3-7—Primary Day (Grades 1-3)

Basketball & Soccer Skills Day Camp
(Grades 4-12)

July 5—Fireworks Night—All Invited!

July 10-15—Senior High Camp

July 17-22—Junior Camp

July 24-29—Junior High Camp

RETREATS & FESTIVALS

April 14-15—Spring Men's Retreat

April 28-29—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



WORK WEEKS

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



Overnight campers will receive a camp t-shirt!

secretary@slipperyrockbaptistcamp.org

www.slipperyrockbaptistcamp.org

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

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.**

SRBC is an eternal investment of the greatest kind!

**People of all ages come to learn, grow and thrive under the atmosphere of
Godly teaching and Christ-centered fun.**

Pricing

FAMILY CAMP:

Tent: \$350—RV w/ Hookups: \$375

Cabin (sleeps up to 10): Each adult - \$175

Child (Ages 5-17) - \$100.00

*Ex: Father + Mother + 1 Child = \$450.00

Maximum Price \$550

Prices include all meals for the week



OVER-NIGHT CAMPS:

[Sr. High, Junior, Jr. High]

Full Price: \$250.00

Postmarked by May 1st: \$230.00

Postmarked by June 1st: \$240.00

PRIMARY DAY CAMP:

Week (Mon-Fri): \$75.00 (\$15/day)

Lunch is provided each day

REGISTRATION:

Name: _____ Week: _____
M ____ F ____ Age ____ DOB ____ / ____ / ____ Grade for Fall 2023 _____
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:

____ Family Camp—see pricing on next page

____ Day Camps (Primary-1-3rd grades, BBall & Soccer-6-12th grades) - \$75 (\$15/day)

____ Sr. High Camp (9th-12th grades) - \$250

____ Junior Camp (4th-6th grades) - \$250

____ Jr. High Camp (7th-9th grades) - \$250

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

Add a 2nd week of camp for \$100

(No 2nd week discount for family or day camps)

For Office Use only

postmarked by:

____ \$20 off early registration (May 1, 2023)

____ \$10 off early registration (June 2, 2023)

____ Photo permission (use of pics for website, brochures & promotional materials)

HEALTH HISTORY:

Continue on back 

Name: _____ Week: _____
M ____ F ____ Age ____ DOB ____ / ____ / ____ Grade for Fall 2023 _____
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
____ Diabetes	____ Ear Problems	____ 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
Pepto-Bismol (age 12 & older)

Benadryl

Imodium
Robitussin

Milk of Magnesia
Tums

Zyrtec
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 # _____