2022 Registration Form

Camper Information			
Name	Home Phone		
Mailing Address			
City	State	Zip	
Grade (2021-22 school year) Gender	Birthday		
Camper's E-mail			
Home Congregation			
Cabin mate request			
Parent Information			
Parent 1	Parent 2		
Name	Name		
Mailing Address	Mailing Address		
City	City		
State Zip	State Zi		
E-mail	E-mail		
Home Phone	Home Phone		
Cell Phone	Cell Phone		
Work Phone	Work Phone		
Emergency Contact during the time child is at ca			
(this will be used only if parents cannot be reached)			
Name	Phone		

Camp Registration (Check camp attending) (Based on current grade level)					
Cottontail Day Camp (Pre-K & Kindergarten)	\$25	June 13			
Chipmunk Day Camp (1st & 2nd Grade)		June 14			
□ 3rd Grade Camp	\$130	June 15-17			
4th Grade Camp	\$170	July 5-8			
5th Grade Camp	\$260	July 10-15			
Sixth Grade Camp	\$260	July 17-22			
Junior High Camp	\$260	July 24-29			
□ Senior High Camp	\$260	June 26-July 1			

Mail registration with payment to: Swan Lake Christian Camp 45474 288th St. Viborg, SD 57070

FEE CALCULATION	Camp fee
Church Scholarship Name of Church or organization paying	- \$
T-Shirt: (Circle Size below)	\$15.00
Water Bottle	\$10.00
Donation (Yes, I would like to donate to the ministry of SI T	LCC) \$ otal Due:
Make checks payable to:	Swan Lake Christian Camp
T-SHIRT is FREE if registration is po (applies to 3rd, 4th, 5th, 6th, Jr. High	
(Circle t-shirt size) Youth sizes: YS(6-8) YM(10-12) YL	(14-16)
Adult sizes: S M L XL XXL	
If your church is part of the Hear District, please contact your chu sending this form to the camp.	

PLEASE FILL OUT REVERSE SIDE INCLUDING SIGNATURE

Health Form

Since there is no required examinations, it is important that the parent/guardians fill this form out carefully and completely.

Camper Name

Health and Safety Provisions

A hospital and clinic are within five miles of the campgrounds. Registration fees include accident insurance for all campers. Water activities are supervised by qualified water safety personnel. Arrangements can be made for campers requiring medications at the time of registration. In case of emergency the camp can be contacted at (605) 326-5690.

Health History

Please indicate which of the following conditions the camper has/has had. Give approximate dates if appropriate.

Allergies		•	ake over-the-counter med- or headaches, upset stom-			
Medical Conditions	— ach, or cramps) — Swan Lake Christian Camp	ach, or cramps) Swan Lake Christian Camp does have basic First Aid supplies available.				
Insurance Company & Policy #	List any activities whic	List any activities which need to be monitored/avoided.				
	 Please list any prescription or non-prescription medications your child is bringing to the camp 					
Special Dietary needs (please explain in detail)	Name of medication	Taken For	When taken			
Family Physician						
Phone number	_					

Please note any other conditions the camp staff should be aware of:

Important: Please notify the camp if this camper has been exposed to any communicable disease during the three weeks prior to camp attendance.

(PARENTS/GUARDIANS, PLEASE READ, FILL OUT AND SIGN THIS FORM)

In case of emergency, I hereby give permission to the doctor selected by Swan Lake Christian Camp to secure proper treatment (including hospitalization and surgery) for my child. I realize that Swan Lake Christian Camp will attempt to contact me if an accident or illness occurs requiring medical treatment by a physician. I give permission for the camp nurse or designated staff person to provide treatment if staff deem necessary from the camp's non-prescription First Aid supplies.

I give SLCC permission to use any photos or videos of my child in publications, websites and other camp promotions.