

# 2023 Winter Registration

## Camper Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Grade (2022-23 school year) \_\_\_\_\_ Gender \_\_\_\_\_ Birthday \_\_\_\_\_

Camper's E-mail \_\_\_\_\_

Home Congregation \_\_\_\_\_

Cabin mate request \_\_\_\_\_

## Parent Information

### Parent 1

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

### Parent 2

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

## Emergency Contact during the time child is at camp

(this will be used only if parents cannot be reached)

Name \_\_\_\_\_ Phone \_\_\_\_\_

## Camp Registration

(Check camp attending)

5th & 6th Grade Winter Retreat

\$90 January 20-22

7th & 8th Grade Winter Retreat

\$90 January 13-15

Senior High Winter Retreat

\$90 January 6-8

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

## FEE CALCULATION

Camp fee \_\_\_\_\_

Church Scholarship

Name of Church paying \_\_\_\_\_ - \$ \_\_\_\_\_

Donation

(Yes, I would like to donate to the ministry of SLCC)

\$ \_\_\_\_\_

**Total Due:** \_\_\_\_\_

Make checks payable to: Swan Lake Christian 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 \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Insurance Company & Policy # \_\_\_\_\_

Special Dietary needs (please explain in detail) \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone number \_\_\_\_\_

Do you give permission for your child to take over-the-counter medications if necessary? \_\_\_\_\_ (i.e. for headaches, upset stomach, or cramps)

Swan Lake Christian Camp does have basic First Aid supplies available.

List any activities which need to be monitored/avoided.

Please list any prescription or non-prescription medications your child is bringing to the camp

Name of medication	Taken For	When taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Parent or Guardian

Date