

# 2024 Registration Form

## Camper Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Grade (2023-24 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)  
(Based on current grade level)

- |  |       |                |
|--|-------|----------------|
| <input type="checkbox"/> Day Camp 1        | \$25  | June 13        |
| <input type="checkbox"/> Day Camp 2        | \$25  | June 14        |
| <input type="checkbox"/> Day Camp 3        | \$25  | June 17        |
| <input type="checkbox"/> 3rd & 4th Grade 1 | \$130 | June 5-7       |
| <input type="checkbox"/> 3rd & 4th Grade 2 | \$170 | June 9-12      |
| <input type="checkbox"/> 5th & 6th Grade 1 | \$260 | July 14-19     |
| <input type="checkbox"/> 5th & 6th Grade 2 | \$260 | July 21-26     |
| <input type="checkbox"/> 7th & 8th Grade 1 | \$260 | June 30-July 5 |
| <input type="checkbox"/> 7th & 8th Grade 2 | \$260 | July 7-12      |
| <input type="checkbox"/> Senior High Camp  | \$260 | June 23-28     |

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

## FEE CALCULATION

Church Scholarship	Camp fee _____
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 SLCC)	
<b>Total Due:</b>	_____

Make checks payable to: Swan Lake Christian Camp

**T-SHIRT is FREE** if registration is postmarked by **May 1st**  
(applies to 3rd, 4th, 5th, 6th, Jr. High, Sr. High camps only)

(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 Heartland Baptist  
District, please contact your church before  
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 \_\_\_\_\_

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