

2026 Summer Registration

Camper Information

Name _____ Home Phone _____
Mailing Address _____
City _____ State _____ Zip _____
Grade (2025-26 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 2025-26 grade level)

Day Camps are for kids age 5 thru 2nd grade

<input type="checkbox"/> Day Camp 1	\$60	June 4
<input type="checkbox"/> Day Camp 2	\$60	June 5
<input type="checkbox"/> Day Camp 3	\$60	July 10
<input type="checkbox"/> 3rd & 4th Grade 1	\$185	June 1-3
<input type="checkbox"/> 3rd & 4th Grade 2	\$225	July 6-9
<input type="checkbox"/> 5th & 6th Grade 1	\$315	June 28-July 2
<input type="checkbox"/> 5th & 6th Grade 2	\$315	July 26-31
<input type="checkbox"/> 7th & 8th Grade 1	\$315	June 7-12
<input type="checkbox"/> 7th & 8th Grade 2	\$315	July 12-17
<input type="checkbox"/> 9th-12th Grade	\$315	June 21-26

**Register by May 15th and take \$25 off
your registration**

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

FEE CALCULATION		Camp fee _____
May15 Early discount (-\$25)		- _____
Church Scholarship (apply after the discount) 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)		\$ _____
Total Due: _____		
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, 7th, 8th & 9th-12th grade 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 _____

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

Medical Conditions _____

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

Insurance Company & Policy # _____

List any activities which need to be monitored/avoided.

Special Dietary needs (please explain in detail)

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

Family Physician _____

Name of medication	Taken For	When taken

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.

Parent or Guardian

Date