2027 Winter Registration

Camper Information

Name _____ Home Phone _____

Mailing Address_____

City_____ State _____ Zip _____

Grade (2026-27 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)

☐ 4th-6th Grade Winter Retreat

$100 February 12-14

☐ 7th-9th Grade Winter Retreat

$100 January 22-24

☐ 10th-12th Grade Winter Retreat

$100 January 15-17

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

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

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