

# 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 \_\_\_\_\_  
\_\_\_\_\_

Operations/Serious Injuries \_\_\_\_\_  
\_\_\_\_\_

Chronic/Recurring Illness \_\_\_\_\_  
\_\_\_\_\_

Special Dietary needs \_\_\_\_\_  
\_\_\_\_\_

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

# Registration Form

## Camper Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Grade (2009-2010 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)

- Cottontail Day Camp \$20 June 14
- Chipmunk Day Camp \$20 June 15
- Third Grade Camp \$120 June 16-18
- Fourth Grade Camp \$120 June 27-30
- Fifth Grade Camp \$195 June 20-25
- Sixth Grade Camp \$195 July 5-10
- Senior High Camp \$195 July 11-16
- Junior High Camp \$195 July 25-30

## FEE CALCULATION

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

On Time Registration Discount (overnight camps only)  
 (Postmarked at least 10 days before your camp) -\$20.00 \_\_\_\_\_

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

Bring a friend who has **NEVER** been to SLCC  
 Bring a Friend discount (\$15) - \_\_\_\_\_

(applies to 5th, 6th, Jr. High, Sr. High camps only)  
 Friends Name \_\_\_\_\_

CD of Pictures from your week at camp \$5.00 \_\_\_\_\_  
 (Available for Overnight camps only)

T-Shirt: (Circle Size below) \$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, 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

For additional forms, please make photocopies,  
 call the camp or visit [www.myslcc.com](http://www.myslcc.com).

PLEASE FILL OUT REVERSE SIDE INCLUDING SIGNATURE