

Registration Form

Camper Information

Name _____ Home Phone _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Grade (20010-2011school 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 20
- Chipmunk Day Camp \$20 June 21
- Third Grade Camp \$120 June 22-24
- Fourth Grade Camp \$120 June 14-17
- Fifth Grade Camp \$195 June 25-July 1
- Sixth Grade Camp \$195 July 17-22
- Junior High Camp \$195 July 24-29
- Senior High Camp \$195 July 31-Aug. 5

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

For additional forms, please make photocopies,
 call the camp or visit www.myslcc.com.

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

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/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