



# Camp Blue Diamond Registration Form - 2025

To register your child for camp, please complete this Registration, Health History Form, and sign the activity release.

If applying for a scholarship, complete the application form found on the back of the page.

**Please send a completed Registration and Health History Form for each camper with payment to:**

*Camp Blue Diamond, Camper Registration, PO Box 240, Petersburg, PA 16669*

**CAMPER INFORMATION: (Please print legibly. One form per camper please.)**

Last name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Grade completed in **2024-25** school year \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at camp \_\_\_\_\_ Is this the camper's first time to attend CBD?  Yes  No

Congregation (if applicable) \_\_\_\_\_ Name of Person Completing this Form \_\_\_\_\_

**PARENT INFORMATION:**

Parent(s) Name(s) \_\_\_\_\_ Email \_\_\_\_\_

Preferred Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Other Phone (\_\_\_\_) \_\_\_\_\_

Please email confirmation material to the above email (includes printable forms to be returned to camp).  Yes  No  
(If 'No', forms will be sent via the US Postal System.)

Please share information that will be helpful for the counselor to know about your child prior to camp. If registering for Family Camp, list all family members attending and ages. *If registering for Kiddie Camp or Kiddie Weekend, please list adult attending with camper.*

\_\_\_\_\_  
\_\_\_\_\_

**CAMP SESSION:** - Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices – **grade listed is the one camper will complete in spring 2025.**

1<sup>st</sup> Choice Camp Session \_\_\_\_\_ Dates \_\_\_\_\_ Cabin-mate Request (only 1) \_\_\_\_\_

2<sup>nd</sup> Choice Camp Session \_\_\_\_\_ Dates \_\_\_\_\_ Cabin-mate Request (only 1) \_\_\_\_\_

**PAYMENT: Complete Section 1 & 3 if no scholarship requested. Section 2 & 3 if scholarship requested.**

**Section 1: No Scholarship Requested**

Camp Fee (select fee tier that matches your ability to support the ministry of Camp Blue Diamond....> \$ \_\_\_\_\_

Deduct Church Share if applicable..... Name of Church \_\_\_\_\_> \$ \_\_\_\_\_

Discounts (Sibling or CIT) ..... Name of Siblings \_\_\_\_\_> \$ \_\_\_\_\_

Parent's Balance Due .....> \$ \_\_\_\_\_

**Section 2: Scholarship Requested**

Camp Fee (use standard fee).....> \$ \_\_\_\_\_

Deduct Church Share if applicable Name of Church \_\_\_\_\_> \$ \_\_\_\_\_

Parent's Portion Due - See Table on Scholarship Application Form.....> \$ \_\_\_\_\_

Scholarship Amount - Complete Scholarship Application Form to Find Scholarship Amount...> \$ \_\_\_\_\_

**Section 3: Method of Payment – Must be Completed**

Check for parent's portion enclosed  Request extended payments, minimum \$25 enclosed (additional \$5 fee)

Credit/Debit Card: (Visa, MasterCard, Discover, American Express)

Exp. Date \_\_\_\_/\_\_\_\_ Card # \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ CVV Code: \_\_\_\_\_

Name on Card (Print) \_\_\_\_\_

Churches will not be billed based on your fee selection, but will be given the options

# Camp Blue Diamond Scholarship Application Form

**Complete only if requesting a scholarship**

- One scholarship per child per summer
- Scholarships not available for Kiddie and Family Camps, or adults
- Families requesting scholarships are ineligible for Multiple Sibling discounts
- A separate scholarship form must be sent for each camper
- Families with income exceeding \$5,000 a month or \$60,000 a year are not eligible
- All lines must be completed, or scholarship will be denied
- This Scholarship Application must accompany the completed Registration Form

For help completing this form, contact CBD at (814) 667-2355 or [info@campbluediamond.org](mailto:info@campbluediamond.org)

Camper Name \_\_\_\_\_ Grade in '24/25 school year \_\_\_\_\_

Camp Session \_\_\_\_\_

Average Family's Monthly Income (include all income & aid) \$ \_\_\_\_\_

**Scholarship Requested**

1. Total Fee for your camp session .....> \$ \_\_\_\_\_
2. Church Share if applicable - Name of Church .....> \$ \_\_\_\_\_
3. Subtract Church Share in Line 2 from the Total Fee in Line 1 .....> \$ \_\_\_\_\_
4. Find your average monthly income on the chart below. List the Scholarship Factor for your income> . \_\_\_\_\_

Monthly Income \$	<\$1000	\$1001 - 1500	\$1501 - 2000	\$2001-2500	\$2501-3000	\$3001 - 4000	\$4001- 5000
Scholarship Factor	.2	.3	.4	.5	.6	.7	.8

5. Multiply Line 3 by the decimal Scholarship Factor in Line 4. Pay this amount .....> \$ \_\_\_\_\_
6. Subtract the Total you pay in Line 5 from the Line 3 Total. This is the Scholarship .....> \$ \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Printed: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Scholarships are based on financial need, availability of scholarship funds, and date of application.

If your scholarship is denied, your payment will be returned.

# Camp Blue Diamond 2025

## Health History Form for Summer Camp

Office Use

Camp \_\_\_\_\_

Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

The information on this form is not a part of the acceptance process but is gathered to help the Health Care Manager and camp staff provide the best possible care for your child. **Complete all questions on both sides. Form must be signed by a parent/legal guardian.**

You will have opportunity to update health information and medications at the time of registration.

### CAMPER INFORMATION:

Camper's Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Grade completed in spring 2025 \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### PARENT(S)/GUARDIAN(S) WITH LEGAL CUSTODY:

Names \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Preferred Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

### IN THE EVENT THAT A PARENT(S)/GUARDIAN(S) CANNOT BE REACHED, CONTACT THE FOLLOWING:

Name \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

Preferred Phone Numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Are there circumstances regarding custodial relationships we need to be aware of before releasing a child to a parent?**

**If yes, please describe:**

**INSURANCE INFORMATION:** Is the participant covered by family medical/hospital insurance?  Yes  No

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone (\_\_\_\_) \_\_\_\_\_

### ALLERGIES

None  Camper is allergic to:  Food  Medicine  Environment (insect bites, hay fever, etc.)  Other

**(Please describe below what the camper is allergic to and the reaction experienced.)**

**If you checked food allergy, what type of contact will cause a reaction?**  actual ingestion of food  trace cross contact  airborne

**Dietary Preferences:**  vegetarian  vegan  gluten free  dairy free  soy free  no red meat  no pork  Other

**If you checked other, please explain:** \_\_\_\_\_ **If gluten free, are you celiac?**  yes  no

### ASTHMA

Yes  No Type and Severity: \_\_\_\_\_

### PHYSICIAN:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### MEDICATIONS:

**(We know medications change. You will have an opportunity to update this information at registration.)**

List **ALL** medications (including over the counter & prescription drugs) taken routinely. Bring enough medication to last the entire camp session. Meds must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the camper's name, dosage and frequency of administration. Be sure medications are not expired.

Camper takes **NO** medications on a routine basis **OR**  Camper takes the **FOLLOWING** medications on a routine basis

Med # 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med # 3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times \_\_\_\_\_

Reason for taking \_\_\_\_\_

Attach additional pages for more medication information.

Are there any other medications taken during the school year that camper may not be taking during summer camp? If so, please

identify: \_\_\_\_\_

**ACTIVITY RESTRICTIONS:**

- I have reviewed the activities of my child’s camp and I affirm that the camper can participate without restrictions.
- I have reviewed the activities of the camp and feel the camper can participate with the following restrictions or adaptations:

**GENERAL QUESTIONS:**

Does the participant:	Yes	No		Yes	No
1. Have problems with joints (knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>	4. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>	5. Have problems with bedwetting?	<input type="checkbox"/>	<input type="checkbox"/>
3. Wear glasses, contacts, protective eyewear?	<input type="checkbox"/>	<input type="checkbox"/>	6. Received mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, please explain: \_\_\_\_\_

**PAST MEDICAL TREATMENT:** Please list pertinent past medical treatment that is beneficial for camper care:

**CURRENT CONCERNS:**

Provide other information of current/past physical, mental, or psychological conditions requiring medications, treatment, or special restrictions and considerations while at camp, including significant life events that continue to affect the camper’s life (history of abuse, death of a loved one, family change, adoption foster care, new sibling, survived disaster, others). Use separate sheet as needed.

**IMMUNIZATIONS:**

**\*\* REQUIRED FOR CAMP ATTENDANCE: Month/Year of last tetanus shot: \_\_\_\_ / \_\_\_\_**

**I, the parent/legal guardian, attest that all immunizations of the above named camper are up to date as required for school attendance.**  Yes  No

**OVER-THE-COUNTER MEDICATIONS:**

I give permission for my child to be given *over-the-counter* medications including ibuprofen, diphenhydramine (Benadryl), acetaminophen, throat spray, sting-kill swabs, first aid spray, antibiotic ointment, calamine lotion, eye irrigating solution and cough drops,

Yes  No If you checked “no” please explain:

Do not give my child the following over-the-counter medications listed above:

If your child becomes ill, you will be notified. For his/her health, as well as for the health of the other campers and staff, and upon the advice of the Health Care manager, the camp and parent together may decide it best for the parent to pick the child up early from camp. Camp administration holds the right to make the final decision.

**SIGNATURES REQUIRED! Parent/Guardian Authorizations:** This health history is correct and complete as far as I know. The person herein described has permission to take part in all camp activities except those noted above. I hereby give permission to Camp Blue Diamond leaders to provide routine health care, administer prescribed medications, and seek emergency treatment including x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the camp to arrange necessary health related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person name above. The completed form may be photocopied for trips out of camp. If permission to treat is refused for religious or other reasons, contact camp to receive a liability waiver.

Parent/Guardian or adult camper: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Printed Name \_\_\_\_\_

The camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. Should it become necessary for the camper to return home we, the parent(s)/guardian, will abide by camp’s decision and provide transportation. We give Camp Blue Diamond permission to photograph or video our child. Use of photos and videos will be limited to camp publications, including the website, summer video, group photos and promotional information including Facebook. Camp will not identify your child by name in any promotional material.

Parent/Guardian or adult camper \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR HEALTH CARE MANAGER USE ONLY**

**NOTES:**

Screening: \_\_\_\_/\_\_\_\_/\_\_\_\_ Initials: \_\_\_\_\_

## PROGRAM & ACTIVITY INFORMATION FOR CAMP BLUE DIAMOND

Below is a list of anticipated activities your child may experience at camp this summer, depending on age and camp session attending. Please read through this information. To agree to these conditions, check the box at the bottom and sign.

**General Activities - All campers** will have opportunity to swim in the lake. A lifeguard will always be on duty and rules shared and enforced. Junior Campers will canoe with a counselor, Junior High and older campers can canoe with other campers. Campers will stay in a cabin with a counselor and other campers of similar age.

During the day there will be recreation, nature activities, Bible Discovery time, hikes and campfires. Other activities include: cookouts (Pioneer Camp and older), unit activities, group games and crafts.

**Outdoor Living** - Campers will experience nature through hikes, nature activities and living in the outdoors and may be exposed to external risks that are uncontrollable due to the wildlife and habitats found in a natural outdoor setting. These risks include, but are not limited to: insect bites, scratches, poison ivy, viruses and diseases from insect or tick-borne pathogens. Although CBD takes seriously our role of protecting children from potential risks, it is impossible to remove all risks from lakes, woods & rustic facilities.

**Giant Swing (those attending Junior Camps and older)** - This is a stand-alone element allowing campers to experience the excitement of safely swinging in a canopy of trees. Camper will choose the height in which he/she chooses to go according to his/her comfort level. Lessons learned are to encourage one another, discover comfort levels in a safe environment, be respected for the choice made, and learn the importance of proper use of safety equipment. Trained, certified instructors will be present. Equipment is inspected daily, and counselors are regularly evaluated and supervised as they serve as spotters, belayers and encouragers. The giant swing and equipment are inspected yearly by professionals. NOTE: campers will never be forced to take part in the Giant Swing activity if he/she is fearful and chooses not to do so. Risks include: rope burn, pinched legs and perhaps sore muscles.

**Climbing Tower (those attending Junior Adventure Camps and Junior High Camps and older)** - The Climbing Tower is a part of the Adventure Challenge Course. The value of this activity for campers includes: proper use of safety equipment, determining personal comfort and conveying that comfort level to leaders, freedom to choose a level of difficulty, experience being encouraged by others and being an encourager, experience the thrill of climbing and using the zip-line. Trained, certified instructors will be present. Equipment is inspected daily, and counselors are regularly evaluated and supervised as they serve as spotters, belayers and encouragers. The tower and equipment are inspected yearly by professionals. NOTE: campers will never be forced to take part in the Climbing Tower activity if he/she is fearful and chooses not to do so. Risks include: rope burn, sore muscles, skinned legs.

**Caving/Spelunking (for those attending Junior Adventure Camps, Caving Camp, and Youth Camp)** - Caving will take place in wild (non-commercial) caves. These caves are rugged and have no lights or pathways. The temperature in caves is 52 to 55 degrees F and may be wet/damp. Participants will carry their own source of light, wear helmets and be led by persons familiar with the cave. Risks involved in caving include, but are not limited to, bumps, scraps, cuts, and abrasions. Campers may feel cold and will get wet and muddy. There will be areas where campers will need to crawl through tight spots, though always with a leader's supervision. Long pants and long sleeves are a must for this activity.

**Bicycling (Youth Adventure Camp)** - Cyclists will experience many types of terrain, though mostly on the Rails-to-Trails path. At times, public roads may be utilized for travel to places for snacks, campsites, and breaks. It is essential that everyone follow all rules set by leaders and state traffic laws. Participants should understand that roadway debris, vehicles, potholes, mechanical malfunctions, animals, fellow riders and other factors might lead to accidents while cycling. Helmets must be worn all at times.

**Outdoor Living Skills (Wild OLS and Advanced OLS)** - Outdoor Living Skills involves the following: starting a fire with bow-drill, night activities where nature after dark are experienced, outdoor cooking skills and other activities involved with living in nature. These activities will involve learning skills that may cause blisters, minor skin irritations, and insect bites. Trained leadership with 1st Aid/CPR certification will be present.

**Transportation (Caving Camp, Youth Camp, Wild OLS, Advanced OLS, and perhaps Junior Adventure Camps)** - Campers will be transported in 12 or 15 passenger vans to various camp related activities. Drivers will be at least 21 years old, will have experienced driving the vehicle used and driving records will be checked. All accompanying staff are trained to care for emergencies as needed.

**Youth Camp Activities** - There are several activities unique to the Senior High Youth Camp experience. These include community service projects, an evening at Raystown Waterslides, adventure activities including: river canoeing and caving. These activities will be led by trained, experienced leaders and staff members will supervise and care for emergencies as needed.

*By checking this box, I am acknowledging that I am aware of the activities my child will participate in while at Camp Blue Diamond. I am aware of the risks involved and will not hold Camp Blue Diamond, Inc., liable for any above mentioned, or unforeseeable dangers that may occur.*

Camper Name \_\_\_\_\_

Date \_\_\_\_\_

Parent Name Signature \_\_\_\_\_

Parents Name (printed) \_\_\_\_\_