



# 3rd, 4th & 5th Graders – Junior Retreat Miracles...The Power of Jesus

## March 6<sup>th</sup> at Camp Blue Diamond

Jesus' miracles served the purpose of demonstrating Jesus' power and divine authority. Jesus showed he had God's power by healing physical illness, raising the dead, feeding the 5,000, and even forgiving people's sins! We'll spend the day learning about some of the miracles performed by Jesus as well as sing, play games, have a craft, and play outside. Come see Brian, Gabe and your summer camp friends.

Who: YOU! (3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> graders)

When: Saturday, March 6<sup>th</sup>  
10 a.m. – 7 p.m.

Why: To have FANTASTIC FUN!

Bring: Bible, clothes for outdoors and a face mask (bring your sled too if it looks like snow)

Cost: \$25.00

≧Special Discount≦

Pay \$20 if you register by Feb. 26<sup>th</sup>!

**Please complete the form and send to: Camp Blue Diamond, P.O. Box 240, Petersburg, PA 16669**

Make checks payable to: *Camp Blue Diamond* Questions: call (814) 667-2355 or email: [campbluediamond@verizon.net](mailto:campbluediamond@verizon.net)

Name: \_\_\_\_\_ Gender: M / F Grade: \_\_\_\_\_ **Junior Retreat**

Street: \_\_\_\_\_ Phone: \_\_\_\_\_ Congregation: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**Parents:** I give my child permission to attend the **Junior Retreat at CBD on March 6**. I authorize the leaders to act in any emergency and give permission to the physician selected to hospitalize or secure treatment as needed. Should it become necessary for my child to return home for any reason prior to closing, I will abide by the decision and provide transportation. I give permission to use pictures of my child in District and CBD brochures & publicity.

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

Signed by Parent/Legal Guardian



Meds: Bring in Original Bottle w/Instructions: \_\_\_\_\_

Allergies or dietary restrictions: \_\_\_\_\_ Is Child covered by Medical/Hospital Insurance?: Y/ N

Insurance Carrier: \_\_\_\_\_ Policy # : \_\_\_\_\_ Ins. Phone # \_\_\_\_\_

Check  Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVV # \_\_\_\_\_ Name \_\_\_\_\_