

Camp Blue Diamond 2025

Family Camp Registration form

Office Use
Camp _____
Rec'd _____

CAMPER INFORMATION:

Adult's Name(s) _____
Children's Name(s) and ages _____
Phone _____ Email _____
Street Address _____ City _____ State _____ Zip _____

PAYMENT:

Adults/youth age 12+, children rates are for ages 3-11, children under 3 are free
Standard fee (Adult/Child): \$90/\$65 Supporter's fee: \$140/\$115 Sustainer's fee: \$190/\$165
Tier chosen _____ Camp fee _____ Congregation _____ Congregation support _____ Parent portion _____
Card number _____ Exp date ____/____/____ CVV code _____ Name on card _____

EMERGENCY CONTACT:

Name _____ Relationship to adult camper: _____
Preferred Phone Numbers: (____) _____ (____) _____

ADULT HEALTH FORM

ALLERGIES

No known allergies. Allergic to: Food Medicine The 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: _____

OTHER HEALTH CONCERNS:

ACTIVITY RESTRICTIONS: (in order to best facilitate the Adult Camper needs, we ask the following)

- I have reviewed the program & activities of the camp and feel that I am able to participate without restrictions.
 I have reviewed the program & activities of the camp and feel that I can participate with the following restrictions or adaptations:

The Adult Camper registering for camp agrees to abide by all regulations concerning personal conduct and use of camp property. I give Camp Blue Diamond permission to photograph or video images of myself. Use of photos and videos will be limited to camp publications, including the website, summer video, group photos and promotional information including social media.

Signature: _____ Date ____/____/____

CHILDREN'S HEALTH FORM:

Camper's Last Name _____ First _____ MI _____

Grade completed in spring 2025 _____ DOB ____/____/____ Phone _____

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: _____**DIETARY NEEDS/PREFERENCES:** Gluten-Free Vegetarian Vegan Other (please explain below)**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 ____/____/____