



Camp Blue Diamond Registration Form - 2026

To register your child for camp, please complete this Registration and Health History Form.
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 2025-26 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 1st and 2nd choices – grade listed is the one camper will complete in spring 2026.

1st Choice Camp Session _____ Dates _____ Cabin-mate Request (only 1) _____

2nd 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	➤	\$ _____	
Deduct Church Share if applicable	Name of Church	➤	\$ _____
Discounts (Earlybird, Sibling or CIT)	Name of Siblings	➤	\$ _____
	Parent's Balance Due	➤	\$ _____

Section 2: Scholarship Requested

Camp 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) _____

Camp Blue Diamond 2026

Health History Form for Summer Camp

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.

Office Use

Camp _____

Rec'd ____/____/____

CAMPER INFORMATION:

Camper's Last Name _____ First _____ MI _____

Grade completed in 2026 _____ 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.)

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 ____/____/____

FOR HEALTH CARE MANAGER USE ONLY

NOTES:

Screening: / / Initials:

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

Camper Name _____ Grade in '25/26 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.